2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

						04.20.2004	90222 030 ***150	2.00
1. Entity Nam	MENT # P98000053 D-TRUST SPE, INC.	622				04-30-2004		<i>3</i> .00
							CCUPTUPC	
Principal Plac	e of Business	Mailing Address		ŀ				
570 DELAWA Buffalo, Ny		570 DELAWARE AVENU BUFFALO, NY 14202	E .			Agenta (Agenta) (Agen	Typical Comments of the second	19 July 4
				1	1 166183061 110	ININI ININI ARGI ARGIO DA	ria ed igai o red a ilika dibia ul ika di	FITAL II HATI
2. Principal Place of Business 8441 Cooper Creek Bus 8441 Cooper Creek Bus								
Suite, Apt.		Suite, Apt. #, etc.	- <u></u>		01202004	Chg-P	CR2E034 (10/03)	
Univer	ISITY PAIK FL	[PARK F	L	4. FEI Numbe		No	oplied For ot Applicable
ヹヮ゚゚゚゚゚゚゙゚゙゙゙゙゙゚゚゚ヹゖ゚	Country	Zip 34201	Country	İ	5. Certificate	of Status Desired	S8.75 Add	
<u> </u>	6 Name and Address of Current	Penietered Agent	1		7 Name and	Address of New F		
6. Name and Address of Current Registered Agent Name						Addies of Non F	togistered Agont	
CORPORATION SERVICE COMPANY								
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301-2525								····
			City				FL Zip Cod	е
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
CICNATURE								
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent sign:	ature required	when reinstating)		DATE	
			·					
	E NOW!!! FEE IS \$150.00	9. Election Campai Trust Fund Contr			00 May Be			
After M	ay 1, 2004 Fee will be \$550.0	10 Frast Fana Conti	IIDUIOI. L	- A006	ad to rees			
10.	OFFICERS AND	DIRECTORS	11.	_	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE				Change	Addition
NAME	BENDERSON, NATHAN		NAME	OUU	1 (000	er Creck	BLUD	
STREET ADDRESS	570 DELAWARE AVENUE		STREET ADDRESS	0 1 1	(COOF .		こしつはったし	
CITY-ST-ZIP	BUFFALO, NY 14202		CITY-ST-ZIP	<u>un i</u>	DEIZITY	PARK	FL 34201	
TITLE	D D	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	BENDERSON, RONALD 570 DELAWARE AVENUE		NAME STREET ADDRESS					
CITY-ST-ZIP	BUFFALO, NY 14202		CITY-ST-ZIP			-		
TITLE	0	☐ Defete	TITLE	+			Change	☐ Addition
NAME	BALDAUF, DAVID H	L., Deiete	NAME			_		Audition
STREET ADDRESS	570 DELAWARE AVENUE		STREET ADDRESS	840	41 C00	per Crea	ek Blud	
CITY-ST-ZIP	BUFFALO, NY 14202		CITY-ST-ZIP	Un	versit	Y PARK	FL 34201	
TITLE	D	☐ Delete .	TITLE		<u> </u>		☐ Change	☐ Addition
NAME	FLEISCHMANN, PETER		NAME					i
STREET ADDRESS	787 DELAWARE AVENUE		STREET ADDRESS					
CITY-ST-ZIP	BUFFALO, NY 14209		CITY-ST-ZIP	1				
TITLE		Delete	TITLE				☐ Change	Addition
NAME	and the second second		NAME				ga en en en a	Frich, rept pin an a
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	ľ				
						_		
TITLE	F .	☐ Delete	TITLE NAME				☐ Change	☐ Addition
116180	1		R NAME					i
NAME STREET ADDRESS			STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP	Certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	ated in Ser	ction 119 07/3V	i). Florida Statutes	I further certify that the i	nformation
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that n	CITY-ST-ZIP	ated in Sec	ction 119.07(3)(same legal effection	i), Florida Statutes.	I further certify that the i	nformation or director
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	certify that the information supplied with on this report or supplemental report is proration or the receiver or frustee empo , or on an attachment with an address, v	vith all other like empowered.	city-st-zip r the exemption st ny signature shall as required by Ch			i), Florida Statutes. t as if made under s; and that my nam		
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	, or on an attachment with an address, v	this filling does not qualify for true and accurate and that wered to execute this report with all other like empowered.	city-st-zip r the exemption st ny signature shall as required by Ch	ated in Sechave the shapter 607		i), Florida Statutes. t as if made under s; and that my nam	I further certify that the isoath; that I am an officer to appears in Block 10 or 941.359.83	