

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000064111	
1. Entity Name DAVE DOG PRODUCTIONS, INC	



Principal Place of Business 5970 S.W. 18TH ST. BOCA RATON, FL 33433	Mailing Address 5970 S.W. 18TH ST. BOCA RATON, FL 33433
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03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0855263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLASTER, HELENE
5970 S.W. 18TH ST.
BOCA RATON, FL 33433**

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	<p>DO NOT WRITE IN THIS SPACE</p> <p>UD00000101336 04/02/04-80008-020 150.00</p>
NAME FLASTER, HELENE	
STREET ADDRESS 5970 SW 18TH ST.	
CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE 	
NAME 	
STREET ADDRESS 	<p>DO NOT WRITE IN THIS SPACE</p>
CITY-ST-ZIP 	
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CITY-ST-ZIP 	
TITLE 	
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heleene Flaster HELENE FLASTER 3/31/04 561-995-7634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #