

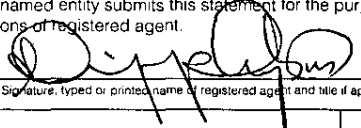
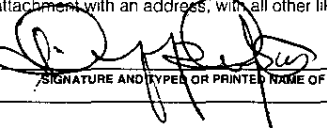


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90266 047 ***150.00

DOCUMENT # P99000050494					
1. Entity Name DIPP, DIPP & ASSOCIATES, INC.					
Principal Place of Business 3900 NW 79TH AVENUE STE. 433 MIAMI, FL 33166			Mailing Address 3900 NW 79TH AVENUE STE. 433 MIAMI, FL 33166		
2. Principal Place of Business 3900 NW 79th AVE Suite, Apt. #, etc. 443 City & State MIAMI, FL Zip 33166 Country USA		3. Mailing Address 3900 NW 79th AVE Suite, Apt. #, etc. 443 City & State MIAMI, FL Zip 33166 Country USA			
4. FEI Number 65-0927028		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 DIPP, SALVADOR 960-B NORTH FEDERAL HWY POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name: SALVADOR DIPP Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79th AVE, Suite 443 City: MIAMI FL Zip Code: 33166		
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:  DATE: 04-20-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIPP, SALVADOR 2954 S.W. 38 AVE MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIPP, SALVADOR 2700 16th Street West LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIPP, FEYDA 905 NE 82ND AVE., APT #216 MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIPP, YASMIN 2502 10th Street West LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIPP, YASMIN 905 NW 82ND AVE., APT #216 MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIPP, YASMIN 2502 10th Street West LEHIGH ACRES, FL 33971	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SALVADOR DIPP 04/20/04 305-718-9522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					