

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 A  
Secretary of State**

**DOCUMENT # P99000067100**

1. Entity Name

D.R.D. ENTERPRISES OF SOUTH FLORIDA, INC.



Principal Place of Business

7650 LAS CRUCES COURT  
BOYNTON BEACH, FL 33437

Mailing Address

7650 LAS CRUCES COURT  
BOYNTON BEACH, FL 33437



03182006

No Chg-P

CR2E034 (11/05)

4. FEI Number  
65-0938701

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DICKER, DAVID  
7650 LAS CRUCES COURT  
BOYNTON BEACH, FL 33437

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DICKER, DAVID  
STREET ADDRESS 7650 LAS CRUCES COURT  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*David Dicker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

561-740-0835

Daytime Phone #