## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attach

## Feb 11, 2005 8:00 am **Secretary of State** DOCUMENT # P99000104035 1. Entity Name 02-11-2005 90054 029 \*\*\*150.00 DUBMAN REAL ESTATE, INC. Principal Place of Business Mailing Address 1888 W HILLSBORO BLVD 1888 W HILLSBORO BLVD 50014372 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 1868 A W. HillsoborrBlvd 1868 A W. Hillsboro Blvd. Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-6320445 Deerfield Bch. Not Applicable Deerfield Bch. FL 33442 \$8.75 Additional 5. Certificate of Status Desired Fee Required 33442 Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUBMAN, ALLEN J Street Address (P.O. Box Number is Not Acceptable) 2796 SW 13TH DR. DEERFIELD BEACH FL 33442 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition DUBMAN, ALLEN J NAME NAME DUBMAN, ALLEN J. STREET ADDRESS 5604 NW 49TH AVE. STREET ADDRESS 2796 SW 13th Dr. CITY-ST-ZIP TAMARAC FL 33319 CITY-ST-7IP DEERFIELD BEACH, FL 33442 Change TITLE TITLE ☐ Delete Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

954-428-8040