


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90029 006 \*\*\*150.00

<b>DOCUMENT # S13895</b> 1. Entity Name 2116 NO. DIXIE, INC.	
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Principal Place of Business 2204 NOTRE DAME DR. LAKE WORTH, FL 33460 US	Mailing Address 2204 NOTRE DAME DR. LAKE WORTH, FL 33460 US
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**66009929**




02012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0228838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEVY, ROBERT S. SUITE 502, FORUM III 1655 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401
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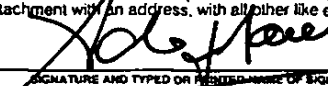
**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: 3-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE JAHAM, ALAIN 2204 NOTRE DAME DR. LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEIGNER, GERTRUDE 2204 NOTRE DAME DR. LAKE WORTH, FL 33460
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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:  DATE: 4-11-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small> <small>Daytime Phone #</small>
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