

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # V01351

1. Entity Name
DKT TERUZZI CORP.



Principal Place of Business
**7659 HEATHFIELD COURT
C/O MARNA DENTON
UNIVERSITY PARK, FL 34201 US**

Mailing Address
**7659 HEATHFIELD COURT
C/O MARNA DENTON
UNIVERSITY PARK, FL 34201 US**



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0306126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARLEN, ROBERT M.
1501 CORPORATE DR.
SUITE 200
BOYNTON BEACH, FL 33426**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
DENTON, MARNA
7659 HEATHFIELD COURT
UNIVERSITY PARK, FL 34201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
DENTON, GEORGE
7659 HEATHFIELD COURT
UNIVERSITY PARK, FL 34201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MACMILLAN, KIMBERLY
129 E 82ND STREET #5A
NEW YORK, NY 100280836**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ARLEN, ROBERT M
1501 CORPORATE DRIVE
BOYNTON BEACH, FL 33426**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000853249
03/26/08-80061-023 150.00

**DO NOT WRITE
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:

Marna Denton **MARNADENTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08
Date

(941) 351-3702
Daytime Phone #