

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V32471	
1. Entity Name DBVH, INC.	

Principal Place of Business 918 E BUSCH BLVD TAMPA, FL	Mailing Address 1715 N. WESTSHORE BLVD 950 TAMPA, FL 33607
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03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3114012	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**VALIENTE, JOSE E
1715 N. WESTSHORE BLVD STE 950
TAMPA, FL 33607-3920**

**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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

**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

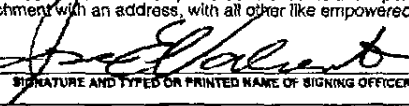
04/08/06-80022-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELOTTO, J. C. 12101 WOOD DUCK PL TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLANDEN, LYLE C. 15303 LAKE MAURINE DR ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VALIENTE, JOSE E. 8302 RUNNING RIVER PL TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERNANDEZ, GILBERTO J. 3121 OAKLYN AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____