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

03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3114012

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000004476863
04/08/06-80022-001 150.00

10. OFFICERS AND DIRECTORS

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

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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 #