

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90350 025 ***150.00

DOCUMENT # V49441

1. Entity Name

C - DW ENTERPRISES, INC.



Principal Place of Business

PO BOX 971061
MIAMI, FL 33197

Mailing Address

PO BOX 971061
MIAMI, FL 33197

00000000



04022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0346577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAAS, JOHN P.
44 NE 16 ST
HOMESTEAD, FL 33030

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WHITE, WILLIAM DONALD
STREET ADDRESS 25100 SW 193RD AVE
CITY-ST-ZIP HOMESTEAD, FL

TITLE D
NAME WHITE, CONSTANCE M
STREET ADDRESS 25100 SW 193RD AVE
CITY-ST-ZIP HOMESTEAD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *William Donald White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05

Date

305-245-7172

Daytime Phone #