2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2004 08:00 AM **DOCUMENT # V49463 Secretary of State** DABCO ENTERPRISES, INC. Principal Place of Business Mailing Address 3527 NE 168 STREET 3527 NE 168 STREET NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0344887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent COOPER, DAVID B. DO NOT WRITE 3527 NE 168 STREET 404 IN THIS SPACE NORTH MIAMI BEACH, FL 33160 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME COOPER, DAVID B. STREET ADDRESS 3527 NE 168 STREET STE 404 CITY-ST-ZIP MIAMI, FL 33160 U00000010428 ME 01/22/04-80031-015 (50.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO_NOT WRITE GITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTIPO HAME OF SIGNARD-OFFICER OR DESECTOR

1/20/04

305 949 5897

Daytime Phone #

FILED