

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/

FILED
May 08, 2006 8:00 am
Secretary of State

04-20-2006 90186 030 ***150.00

DOCUMENT # V54633

1. Entry Name
DOLPHIN PRODUCTS INC.



Principal Place of Business
**4770 BISCAYNE BLVD
SUITE 580
MIAMI, FL 33137 US**

Mailing Address
**4770 BISCAYNE BLVD
SUITE 580
MIAMI, FL 33137 US**

66015143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0348579

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHENKLER, DONALD
4770 BISCAYNE BLVD
STE. 580
MIAMI, FL 33137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 rechartering)

DATE

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHENKLER, DONALD
4770 BISCAYNE BLVD STE 580
MIAMI, FL 33137**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 #

5/1/06

305-576-8454