

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90005 049 \*\*\*155.00



**DOCUMENT # F03000001333**  
 1. Entity Name  
**D P L ASSOCIATES LTD. CORP.**

Principal Place of Business: **280 NORTH CENTRAL AVE. HARTSDALE NY 10530**  
 Mailing Address: **280 NORTH CENTRAL AVE. HARTSDALE NY 10530**



MOORE CR2E034 (4/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **13-2730629**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEXISNEXIS DOCUMENT SOLUTIONS INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! - FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                        |                                 |
|----------------------------|------------------------|---------------------------------|
| TITLE                      | P                      | <input type="checkbox"/> Delete |
| NAME                       | LURIA, DAVID PAUL      |                                 |
| STREET ADDRESS             | 5880 ROYAL ISLES BLVD. |                                 |
| CITY-ST-ZIP                | BOYNTON BEACH FL 33437 |                                 |
| TITLE                      |                        | <input type="checkbox"/> Delete |
| NAME                       |                        |                                 |
| STREET ADDRESS             |                        |                                 |
| CITY-ST-ZIP                |                        |                                 |
| TITLE                      |                        | <input type="checkbox"/> Delete |
| NAME                       |                        |                                 |
| STREET ADDRESS             |                        |                                 |
| CITY-ST-ZIP                |                        |                                 |
| TITLE                      |                        | <input type="checkbox"/> Delete |
| NAME                       |                        |                                 |
| STREET ADDRESS             |                        |                                 |
| CITY-ST-ZIP                |                        |                                 |
| TITLE                      |                        | <input type="checkbox"/> Delete |
| NAME                       |                        |                                 |
| STREET ADDRESS             |                        |                                 |
| CITY-ST-ZIP                |                        |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|---|--|---|
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |

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: *David Luria* **David Luria** 8/23/04 914-997-2255  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #