

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 26, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 300752**  
1. Entity Name  
**DAGAM OIL CO., INC.**



Principal Place of Business      Mailing Address  
**12250 N W 7TH AVE  
NORTH MIAMI, FL 33168**      **12250 N W 7TH AVE  
NORTH MIAMI, FL 33168**



03232005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1265777**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**VOLANTE, ANTHONY  
14025 S BISC RIVER DR  
MIAMI, FL 33161**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD VOLANTE, ANTHONY 14025 S BISC RIVER DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VOLANTE, MICHAEL 6230 MOULTRIE PLACE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000277296  
03/26/05-80023-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** *[Signature]* **MICHAEL VOLANTE**    3/25/05    305-681-3102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #