

ANNUAL REPORT

DOCUMENT # 322441

1. Entity Name  
DABAMA, INC.



FILED  
Apr 22, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
11077 BISCAYNE BLVD.  
4TH FLOOR  
MIAMI, FL 33161

Mailing Address  
11077 BISCAYNE BLVD.  
4TH FLOOR  
MIAMI, FL 33161



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1285622	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, RICHARD  
11077 BISCAYNE BLVD  
4TH FLOOR  
MIAMI, FL 33161

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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, 2004 Fee will be \$550.00

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

000000124582

04/22/04-80051-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FERNANDEZ, GWENDOLYN S.
STREET ADDRESS	12940 NE 4TH AVE.
CITY- ST- ZIP	MIAMI, FL 33161

TITLE	D
NAME	TRAVIS, DEBORAH
STREET ADDRESS	1169 MEADOWLARK AVE
CITY- ST- ZIP	MIAMI SPRINGS, FL 33166

TITLE	D
NAME	BARNES, SHELDON H.
STREET ADDRESS	950 MAYFLOWER AVE
CITY- ST- ZIP	MELBOURNE, FL

TITLE	D
NAME	YATES, BASIL M
STREET ADDRESS	950 HUNTINGHODGE DR
CITY- ST- ZIP	MIAMI SPRINGS, FL 00000.

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 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: *Basil M. Yates*  
BASIL M. YATES, M.D.