

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855239

FILED
Apr 30, 2004
Secretary of State

Entity Name: DAVIMARY, INC.

Current Principal Place of Business:

6700 SW 115THST
MIAMI, FL 33156 US

New Principal Place of Business:

2520 SW 22ND STREET
#261
MIAMI, FL 33145 US

Current Mailing Address:

PO BOX 557484
MIAMI, FL 33255 US

New Mailing Address:

2520 SW 22ND STREET
#261
MIAMI, FL 33145 US

FEI Number: 98-0062387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, LAWRENCE S.
4161 WOODRIDGE ROAD
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUNES DIAS, DAVID JOSE
Address: 6281 SW 25TH ST.
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: DIAS DE NUNES, MARIA MANUELA
Address: 6281 SW 25TH ST.
City-St-Zip: MIAMI, FL 33155

Title: S () Delete
Name: NUNES DIAS, MARIVEL RUTH
Address: 6281 SW 25TH ST.
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: NUNES DIAS, VICTOR SAMUEL
Address: 6281 SW 25TH ST.
City-St-Zip: MIAMI, FL 33155

Title: AS () Delete
Name: EVANS, LAWRENCE S
Address: 4161 WOODRIDGE RD.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NUNES DIAS

P

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date