2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855239

Entity Name: DAVIMARY, INC.

FILED Mar 15, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	22ND STREET		2520 SW 22ND STREE	ΞΤ	
#261 MIAMI, FL	33145 US		#2-261 MIAMI, FL 33145 🏻 US	3	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2520 SW 22ND STREET #261				2520 SW 22ND STREET	
#261 MIAMI, FL	33145 US		#2-261 MIAMI, FL 33145 US	3	
FEI Number	: 98-0062387	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address of	New Registered Agent:	
4161 WOO MIAMI, FL					
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its registered	office or registered agent, or bot	
SIGNATU					
	Electronic	Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P () D NUNES DIAS, DAV 6281 SW 25TH ST MIAMI, FL 33155	VID JOSE T.	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP ()D	elete			
Name: Address: City-St-Zip:	VP () D DIAS DE NUNES, 6281 SW 25TH S' MIAMI, FL 33155	MARIA MANUELA T.	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Address:	DIAS DE NUNES, 6281 SW 25TH S	MARIA MANUELA T. elete RIVEL RUTH T.	Name: Address: City-St-Zip:	() Change () Addition () Change () Addition	
Address: City-St-Zip: Title: Name: Address:	DIAS DE NUNES, 6281 SW 25TH S' MIAMI, FL 33155 S () D NUNES DIAS, MAI 6281 SW 25TH S'	MARIA MANUELA T. elete RIVEL RUTH T. elete TOR SAMUEL T.	Name: Address: City-St-Zip: Title: 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.

Address:

City-St-Zip:

SIGNATURE: DAVID JOSE NUNES DIAS P 03/15/2005

4161 WOODRIDGE RD.

MIAMI, FL 33133

Address:

City-St-Zip: