


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90287 020 \*\*\*150.00

**DOCUMENT # P00000077961**

1. Entity Name  
**DAIQUIRI DAZE, INC.**



Principal Place of Business  
**2610 SAWGRASS MILLS CIRCLE #1427**  
**FORT LAUDERDALE, FL 33323**

Mailing Address  
**2610 SAWGRASS MILLS CIRCLE #1427**  
**FORT LAUDERDALE, FL 33323**

2. Principal Place of Business  
**c/o Ronny J. Halperin, P.A.**  
**312 S.E. 17th Street, 2nd Floor**  
**Ft. Lauderdale, FL 33316**  
 U.S.

3. Mailing Address  
**c/o Ronny J. Halperin, P.A.**  
**312 S.E. 17th Street, 2nd Floor**  
**Ft. Lauderdale, FL 33316**  
 U.S.



03272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0868042**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MIAMI CENTER REGISTERED AGENTS, LLC**  
**2610 SAWGRASS MILLS CIRCLE #1427**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name: **Ronny J. Halperin, P.A.**  
 Street: **312 S.E. 17th Street, 2nd Floor**  
**Ft. Lauderdale, FL 33316**  
 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: *Ronny Halperin* **Ronny Halperin, Pres** DATE: *3/27/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUILMARTIN, ROBERT J JR. 5701 SUNSET DRIVE, SUITE 385 SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FELDMAN, LAWRENCE 5701 SUNSET DRIVE, SUITE 385 SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Guilmartin, Robert J. Jr. 2610 Sawgrass Mills Circle, #1427 Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Feldman, Lawrence 2610 Sawgrass Mills Circle, #1427 Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronny Halperin* **VP** DATE: *4/24/04* DAYTIME PHONE #: *954-846-9159*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR