

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90243 044 \*\*\*150.00

**DOCUMENT # P03000106474**

1. Entity Name

**DARYL PROFESSIONALS USA, INC.**



Principal Place of Business

3895 NW 183 ST  
 MIAMI FL 33055

Mailing Address

3895 NW 183 ST  
 MIAMI FL 33055

**66419392**



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address \*

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**56-2461340**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EASON, CHARLIE**  
 3895 NW 183 ST  
 MIAMI FL 33055

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 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

Signature, Title or Pressed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASON, CHARLIE	
STREET ADDRESS	3895 NW 183 ST	
CITY- ST- ZIP	MIAMI FL 33055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASON, DEBORAH	
STREET ADDRESS	3895 NW 183 ST	
CITY- ST- ZIP	MIAMI FL 33055	
TITLE	Deborah White (Assistant Secretary)	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
NAME	Deborah White	
STREET ADDRESS	1621 NW 50 ST	
CITY- ST- ZIP	Miami FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN SIMMONS	
STREET ADDRESS	2475 N.W. 176TH	
CITY- ST- ZIP	OPA LOCKA FLA 33056	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLIE EASON	
STREET ADDRESS	3895 NW 183rd St	
CITY- ST- ZIP	MIAMI FLA 33055	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZO WRIBIT	
STREET ADDRESS	2501 N.W. 162ND TERR	
CITY- ST- ZIP	OPA LOCKA FLA 33054	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael S. Marshall	
STREET ADDRESS	2565 NW 209th St #222	
CITY- ST- ZIP	OPA LOCKA, FL 33056	
TITLE	Vice-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Calvin D. Leno	
STREET ADDRESS	1681 NW 185th St	
CITY- ST- ZIP	MIAMI GARDENS FL 33169	
TITLE	Sylvia Rucker Vice Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylvia Rucker	
STREET ADDRESS	20828 N.W. 24th Ave	
CITY- ST- ZIP	Miami, FL 33056	

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: *Michael S. Marshall* **Michael S. Marshall** **4-14-2004** **305 4090152**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #