

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106474

FILED  
Feb 02, 2007  
Secretary of State

Entity Name: DARYL PROFESSIONALS USA, INC.

## Current Principal Place of Business:

3895 NW 183 ST  
MIAMI, FL 33055

## New Principal Place of Business:

## Current Mailing Address:

3895 NW 183 ST  
MIAMI, FL 33055

## New Mailing Address:

FEI Number: 56-2401340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EASON, CHARLIE  
3895 NW 183 ST  
MIAMI, FL 33055      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: VT ( ) Delete  
Name: MICHLEID, DAVID  
Address: 971 WEST 53 ST.  
City-St-Zip: HIALEAH, FL 33012

Title: T ( ) Delete  
Name: EASON, CHARLIE  
Address: 3845 NW 183RD ST.  
City-St-Zip: MIAMI, FL 33055

Title: AS ( ) Delete  
Name: WHITE, DEBORAH  
Address: 1621 NW 50 ST.  
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete  
Name: WRIGHT, LORENZO  
Address: 2501 NW 162ND TERR.  
City-St-Zip: OPA LOCKA, FL 33054

Title: P ( ) Delete  
Name: MARSHALL, MICHAEL S  
Address: 2051 NW 207TH ST., #218  
City-St-Zip: OPA LOCKA, FL 33056

Title: D ( ) Delete  
Name: LENO, CALVIN D  
Address: 1681 NW 195 ST.  
City-St-Zip: MIAMI GARDENS, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change ( ) Addition  
Name: SANDRA, SANDS  
Address: 16430 NW 17TH PLACE  
City-St-Zip: MIAMI, FL 33054

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

Title: SECT (X) Change ( ) Addition  
Name: EASON, DEBORAH  
Address: 3895 NW 183RD STREET.  
City-St-Zip: MIAMI, FL 33055

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 Chapter 119, 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: CHARLIE EASON

Electronic Signature of Signing Officer or Director

PRES

02/02/2007

\_\_\_\_\_ Date