

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 05, 2007**  
**Secretary of State**

DOCUMENT# P06000135633

Entity Name: DA INK DOCTOR TATTOOS, INC.

**Current Principal Place of Business:**

11613 SW 216TH STREET  
CUTLER RIDGE, FL 33170 US

**New Principal Place of Business:**

**Current Mailing Address:**

11613 SW 216TH STREET  
CUTLER RIDGE, FL 33170 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SUAREZ, FEDERICO  
11613 SW 216TH STREET  
CUTLER RIDGE, FL 33170 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      DIR                      ( ) Delete  
Name:                      SUAREZ, FEDERICO  
Address:                      11613 SW 216TH STREET  
City-St-Zip:                      CUTLER RIDGE, FL 33170 US

Title:                      DIR                      ( ) Delete  
Name:                      GONZALEZ, CLARA M  
Address:                      11613 SW 216TH STREET  
City-St-Zip:                      CUTLER RIDGE, FL 33170 US

Title:                      DIR                      ( ) Delete  
Name:                      CRESPO, BRIAN  
Address:                      11613 SW 216TH STREET  
City-St-Zip:                      CUTLER RIDGE, FL 33170 US

**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:

I hereby certify that the information supplied with this filing does not qualify 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: FEDERICO SUAREZ

PRES

09/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date