

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

11 MAY 16 AM 8:21

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MAY 4 2011



DOCUMENT # P94000064096			
1. Entry Name DAYTONA-94, INC.			
Principal Place of Business GJIDJA, AZEM 337 RUTLEDGE APARTMENTS SOUTH DAYTONA, FL 32119 US		Mailing Address 645 EAST 14TH STREET MG NEW YORK CITY, NY 10009 US	
2. Principal Place of Business - No P.O. Box # <i>Same As Above</i>		3. Mailing Address <i>Same As Above</i>	
Subs., Apt. #, etc.		Subs., Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FPI Number 59-3268390		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, WALTER E III 315 S. PALMETTO AVENUE DAYTONA BEACH, FL 32114		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 _____ DATE _____ <small>Signature (word or printed name of registered agent and title if applicable) (NONE: Registered Agent signature required when re-registering)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2011 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GJIDJA, AZEM 645 EAST 14TH STREET, APT. MG NEW YORK CITY, NY 10009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No Changes</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GJIDJA, NAGJJA 645 EAST 14TH STREET APT MG NEW YORK CITY NY 10009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No Changes</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GJIDJA, AZEM 645 EAST 14TH STREET APT MG NEW YORK CITY NY 10009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No Changes</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 500206044396 04/29/11--01013--014 ***150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 contained 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 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: <i>Walter E. Foster III</i> PD/STD		Date: 5/8/11 212-673-3262	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date (Month/Day/Year)</small>	