
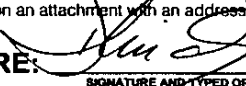


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90335 010 ***150.00

DOCUMENT # V27739 1. Entity Name DAVIMAEI CORPORATION																																									
Principal Place of Business 169 E FLAGLER ST. 1600 MIAMI, FL 33131 US			Mailing Address 169 E FLAGLER ST. 1600 MIAMI, FL 33131 US																																						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State																																							
Zip	Country	Zip	Country																																						
4. FEI Number 65-0338138 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent HARRIS, ELLIOTT 111 SW 3 6 FL MIAMI, FL 33130			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DP LINDENFELD, JUDITH 169 E FLAGLER 1620 MIAMI, FL 33131</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>DT LINDENFELD, MARTIN 169 E FLAGLER 1620 MIAMI, FL 33131</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>VPS LINDENFELD, DANYA 169 E FLAGLER 1620 MIAMI, FL 33131</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>VP LINDENFELD, ELSA 169 E FLAGLER 1620 MIAMI, FL 33131</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>AS RESSLER, GARY 169 E FLAGLER ST., #1600 MIAMI, FL 33131</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>SEC.</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	DP LINDENFELD, JUDITH 169 E FLAGLER 1620 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE	DT LINDENFELD, MARTIN 169 E FLAGLER 1620 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE	VPS LINDENFELD, DANYA 169 E FLAGLER 1620 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE	VP LINDENFELD, ELSA 169 E FLAGLER 1620 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE	AS RESSLER, GARY 169 E FLAGLER ST., #1600 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: 		Danya Lindenfeld <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/12/07 <small>Date</small>																																					
				305 374 3677 <small>Daytime Phone #</small>																																					