

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V27739

**Entity Name:** DAVIMAEEL CORPORATION

**Current Principal Place of Business:**

169 E FLAGLER ST.  
PENTHOUSE  
MIAMI, FL 33131

**Current Mailing Address:**

169 E FLAGLER ST.  
PENTHOUSE  
MIAMI, FL 33131 US

**FEI Number:** 65-0338138

**Certificate of Status Desired:** No

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

RESSLER, GARY  
169 E. FLAGLER ST.  
PENTHOUSE  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title DVP  
Name LINDENFELD, MARTIN  
Address 169 E. FLAGLER ST, PENTHOUSE  
City-State-Zip: MIAMI FL 33131

Title PD  
Name LINDENFELD, DANYA  
Address 169 E. FLAGLER ST, PENTHOUSE  
City-State-Zip: MIAMI FL 33131

Title T  
Name BENHAMRON, URI  
Address 169 E. FLAGLER ST, PENTHOUSE  
City-State-Zip: MIAMI FL 33131

Title S  
Name RESSLER, GARY  
Address 169 E FLAGLER ST, PENTHOUSE  
City-State-Zip: MIAMI FL 33131

*I hereby 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 all other like empowered.*

**SIGNATURE:** URI BENHAMRON

T

01/26/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date