2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED. **DOCUMENT # 680167** Mar 05, 2007 08:00 AN 1. Entity Namo **Secretary of State** D'AVEN PALM, INC. Principal Place of Business Mailing Address 9700 COLLINS AVENUE STORE # 9700 COLLINS AVENUE STORE # BAL HARBOUR FL 33154 BAL HARBOUR FL 33154 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 58-1404063 Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Becuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAINI, FELIX C. Street Address (P.O. Box Number is Not Acceptable) 9700 COLLINS AVENUE, STORE #247 BAL HARBOUR FL 33154 City Zip Codo 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 Signature, typed or printert name of registered agent and title in applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delele 8111 ☐ Change ☐ Addition HH SAINI, FELIX C NAME NAM 9700 COLLINS AVE U000000654340 SIREFT ADDRESS SHIELL ADDRESS BAL HARBOUR FL CRY SE ZIP 03/13/07-80057-018 150.00 CITY ST 7IP 11111 Delete ш ☐ Change Addition [ NAMI NAME SEPECI ADDRESS STREET ADDRESS CHY SEZIC CATY ST 7IP MILE ☐ Change ☐ Addition Delete MARK MAASE SHIFE LADDRESS SHIFF LADDRESS CITY SE ZIP CHY SI-ZIP Delete IIII ☐ Change Addition 11111 NAMI MAM STILLE LADDINESS SINCE LADDRESS CHY SE ZIP CRY-SE 789 ☐ Delete MU ☐ Change Addition IIILL NAME NAME SHELL ADDRESS STREET ADDRESS CHY SEZIE CITY ST ZIP ☐ Change ☐ Addition IIIL ☐ Delete 18818 NAME NAME SHIELL ADDRESS STREET ADDRESS CITY ST-782 OHY SEZIP

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to if changed, or on an attachment with an address with

SIGNATURE:

accurate and that my signaturo shall have the same legal effect as if made under eath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11