

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F31335

1. Entity Name
DAILY MANAGEMENT, INC.



Principal Place of Business

16461 RACQUET CLUB ROAD
FT. LAUDERDALE, FL 33326 US

Mailing Address

16461 RACQUET CLUB ROAD
FT. LAUDERDALE, FL 33326 US



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2242825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A.
16461 RACQUET CLUB RD
FT LAUDERDALE, FL 33326

DO NOT WRITE
IN THIS SPACE

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000830327
02/26/08-80079-006 150.00

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME OTTINO, J P, III
STREET ADDRESS 3015 N. OCEAN BLVD STE 121
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE PSTD
NAME FEIRSTEIN, JANICE
STREET ADDRESS 16461 RACQUET CLUB RD
CITY-ST-ZIP FORT LAUDERDALE, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/08

954-385-8599