



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90041 040 \*\*\*158.75

<b>DOCUMENT # G99695</b> 1. Entity Name <b>DAVIE FINANCIAL CORPORATION</b>					
Principal Place of Business <b>1470 NW 107TH AVENUE SUITE M MIAMI, FL 33172</b>			Mailing Address <b>12052 SW 10TH TERRACE MIAMI, FL 33184</b>		
2. Principal Place of Business - No P.O. Box # <b>12060 SW 10<sup>th</sup> TERRACE</b>		3. Mailing Address <b>12060 SW 10<sup>th</sup> TERRACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132008    Chg-P    CR2E034 (12/06)	
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>		4. FEI Number <b>59-2385614</b>	
Zip <b>33184</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PEREZ-RANGEL, DOMINGO A 1470 NW 107TH AVENUE SUITE M MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent Name <b>MARTA E. MEDINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>12060 SW 10<sup>th</sup> TERRACE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33184</b>		
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 <b>MARTA E. MEDINA</b> <i>[Signature]</i> <b>APRIL 08/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PVSD PEREZ-RANGEL, DOMINGO A 1470 NW 107TH AVENUE MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD PEREZ-RANGEL DOMINGO A. 12060 SW 10 <sup>th</sup> TERRACE MIAMI - FL. - 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTA E. MEDINA 12060 SW 10 <sup>th</sup> TERRACE MIAMI - FL. 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <b>DOMINGO A. PEREZ-RANGEL</b> <i>[Signature]</i> <b>APR 08/08</b> (305) 599-1528 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					