


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90039 025 ***150.00

DOCUMENT # H56914 1. Entity Name DAVANI, INC.					
Principal Place of Business 7338 SE FIDDLEWOOD HOBE SOUND, FL 33455 US			Mailing Address 7338 SE FIDDLEWOOD HOBE SOUND, FL 33455 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2524541	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.			
6. Name and Address of Current Registered Agent PELFREY, RANI M 8556 NW 57TH DR CORAL SPRINGS, FL 33067			7. Name and Address of New Registered Agent Name Patricia Lesser Street Address (P.O. Box Number is Not Acceptable) 7338 S.E. FIDDLEWOOD City Hobe Sound FL Zip Code 33455		
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 Patricia Lesser, PD Patricia Lesser 3/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD PELFREY, RANI 8556 NW 57TH DR CORAL SPRINGS, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Lesser 7338 SE Fiddlewood Hobe Sound, FL 33455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: Patricia Lesser Patricia Lesser 3/15/04 772-283-8702 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					