

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # H71022

1. Entity Name
THE DAVALCO COMPANY INC.



Principal Place of Business
**7850 S.W. 128TH STREET
MIAMI, FL 33156**

Mailing Address
**7850 S.W. 128TH STREET
MIAMI, FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite Apt #, etc

04232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2781052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARTHUR, DAVID H
7850 SW 128 ST
MIAMI, FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity sub- 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 register

SIGNATURE

Signature, typed or printed name of registered agent and title applicable

(NOTE: Registered Agent signature required when for stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ARTHUR, DAVID H**
STREET ADDRESS **7850 S.W. 128TH ST.**
CITY- ST- ZIP **MIAMI, FL**

☐ Change ☐ Addition
NAME **U000000158131**
STREET ADDRESS **05/07/04-80003-007 150.00**
CITY- ST- ZIP

TITLE **S** ☐ Delete
NAME **ARTHUR, VALERIE**
STREET ADDRESS **7850 S.W. 128TH ST.**
CITY- ST- ZIP **MIAMI, FL**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

4/30/04

305.542.4650