2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # K39860

1. Entity Name
DAMI CORPORATION

Principal Place of Business	Mailing Address
10666 N.W. FONTAINEBLEAU BLVD. MIAMI, FL 33172	10666 N.W. FONTAINEBLEAU BLVD. MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0131558
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVAS, DARYS ZAMBRANO
10666 N.W. FOUNTAINEBLEAU BLVD.
MIAMI, FL 33172

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000428888
02/21/06-80065-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIVAS, DARYS, ZAMBRANO
STREET ADDRESS	4618 NW 109 CO
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VP
NAME	RIVAS, MIGUEL ANGEL
STREET ADDRESS	4618 NW 109 CT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #