2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000040376

Entity Name: DAVIMAS LLC

Current Principal Place of Business:

181 NAVARRE AVE.
CORAL GABLES, FL 33134 US

New Principal Place of Business:

7289 NW 12 ST
MIAMI, FL 33126 US

Current Mailing Address:

181 NAVARRE AVE.
CORAL GABLES, FL 33134 US

New Mailing Address:

7289 NW 12 ST
MIAMI, FL 33126 US

FEI Number: 30-0483478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIMAUX, EDUARDO M
181 NAVARRE AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GRIMAUX, EDUARDO M
7289 NW 12 ST
MIAMI, FL 33126 US

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.

SIGNATURE: SOL DE CAMPS 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRIMAUX, EDUARDO M
Address: 181 NAVARRE AVE.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Delete
Name: DE CAMPS, SOL I
Address: 181 NAVARRE AVE.
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRIMAUX, EDUARDO M
Address: 7289 NW 12 ST
City-St-Zip: MIAMI, FL 33126 US

Title: MGRM (X) Change ( ) Addition
Name: DE CAMPS, SOL I
Address: 7289 NW 12 ST
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SOL DE CAMPS VP 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date