2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

NG OFFICER OR DIRECTOR

FILED Apr 27, 2007 08:00 A Secretary of State

Daytime Phone #

	AITITOAL	VEI OIVI		•	-h ', -	00.0
1. Entity Nam	OCUMENT # L74313 Entity Name AMERICAN DAVITS & DOCKS, CORP.				Secreta	ary of Sta
Principal Plac		Mailing Address				
517 NE 135 N MIAMI, FL		517 NE 135 ST N MIAMI, FL 33161				
				E INNIESE NIE ERANG NIESE FILET	TIEBB AND RIBIT BERIG RERE DIEGE	1201) A(C) 122 12 100)
Ď	O NOT WRITE	CE	04182007 No Chg 4. FEI Number 65-0201400 5. Certificate of Status Des	sired \$8.7	Applied For Not Applicable 5 Additional	
	6. Name and Address of Current Re	listered Agent		S. Continues of Claras Dec	Fee R	equired
PEREA, RONALD 517 NE 135 ST N MIAMI, FL 33161				DO NOT IN THIS		
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						
ine obligat	ions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	atte if applicable (NOTE: Registere	d Agent signature required	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees						
10.	OFFICERS AND DIF	RECTORS		<u>.</u>		
NAME STREET ADDRESS	PS PEREA, RONALD 517 NE 135 ST				•	
CITY-ST-ZIP TITLE	N MIAMI, FL				U0000073718 711707-80017	80 -
NAME STREET ADDRESS CITY-ST-ZIP			1	05	/11/07-80017	'-019 150.00
TITLE			1			
NAME STREET ADDRESS			ŀ	DO 110=	MOITE	
CITY-ST-ZIP				DO NOT	WRITE	
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,					
12. I hereby of the collaborated changed	certify that the information supplied with the longitude of the certify that the information supplied with the longitude of the receiver or trusted empower, or on an attachment with an adoless, with	s filing does not qualify for the ex- ue and accurate and that my signa gred to be ecute this report as requi- all other like empowered.	emptions contained ture shall have the ired by Chapter 60	in Chapter 119, Florida Sta ame legal effect as if made Florida Statutes; and that m	tutes. I further certify that under oath; that I am an ny name appears in Bioc	at the information officer or director k 10 or Block 11 if