

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 033 ***150.00

DOCUMENT # L78776	
1. Entity Name DAYA INVESTMENTS, INC.	

Principal Place of Business 412 SE 18TH STREET FORT LAUDERDALE, FL 33316	Mailing Address 412 SE 18TH STREET FORT LAUDERDALE, FL 33316
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2. Principal Place of Business 2800 Highway 361	3. Mailing Address 2800 Highway 361
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ingleside, TX	City & State Ingleside, TX
Zip 78362	Zip 78362
Country USA	Country USA



02062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0205207	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOPPEN, ROBERT A. 700 NE 90TH STREET MIAMI, FL 33138	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOKALBHAI, DAYA 412 SE 18TH STREET FORT LAUDERDALE, FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gokalbhai, DAYA ☒ Change ☐ Addition 2800 Hwy 361 Ingleside, TX 78362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gokalbhai, KIRAN ☐ Change ☒ Addition 2800 Hwy 361 Ingleside, TX 78362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: KIRAN GOKALBHAI **02/17/06** **361-775-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #