


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90020 047 \*\*\*150.00

<b>DOCUMENT # M07145</b> 1. Entity Name <b>DAYTRUST REALTY CORPORATION</b>					
Principal Place of Business <del>2500 SW 107TH AVE.</del> <del>#5</del> <del>MIAMI, FL 33165 US</del>		Mailing Address <b>P.O. BOX 227965</b> <del>MIAMI, FL 33122</del> <b>US</b> <b>DORAL, FL 33222-7965</b>			
2. Principal Place of Business - No P.O. Box # <b>2608 NW 97 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 227965</b> Suite, Apt. #, etc.			
City & State <b>DORAL, FL</b>		City & State <b>DORAL, FL</b>		4. FEI Number <b>59-2462088</b>	
Zip <b>33172</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ESQUENAZI, JULIO</b> <b>2500 SW 107TH AVE</b> <b>SUITE 5</b> <del>MIAMI, FL 33165</del>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD <b>ESQUENAZI, JULIO</b> <del>2500 SW 107TH AVE, SUITE 5</del> <b>2608 NW 97 Ave</b> <del>MIAMI, FL 33165</del> <b>DORAL, FL 33172</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			1/08/08 305-220-0100		
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		