2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M12171

1. Entity Name
DART MANAGEMENT & REALTY CORP.

Principal Place of Business	Mailing Address
10420 SW 77 AVE MIAMI, FL 33176	P.O. BOX 160392 MIAMI, FL 33116

DO NOT WRITE IN THIS SPACE

04032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2514628	Not Applicable

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

6. Name and Address of Current Registered Agent

MCCAFFRAY, JAMES E
10420 SW 77 AVE
MIAMI, FL 33176

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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.

U00000727412
05/04/07-00045-020 150.00

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	MCCAFFREY, JAMES E
STREET ADDRESS	P.O. BOX 160392 N/A
CITY-ST-ZIP	MIAMI, FL 33116
TITLE	SD
NAME	MCCAFFREY, JAMES E
STREET ADDRESS	P.O. BOX 160392 N/A
CITY-ST-ZIP	MIAMI, FL 33116
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	

DO NOT WRITE IN THIS SPACE

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: _____ Jim MCCAFFREY   4/18/07   305-271-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #