


**2006-FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M27617**  
1. Entity Name  
**DAVID'S ART, INC.**



Principal Place of Business      Mailing Address  
**2860 CENTER PORT CIRCLE**      **2860 CENTER PORT CIRCLE**  
**POMPANO BEACH, FL 33064 US**      **POMPANO BEACH, FL 33064 US**

**DO NOT WRITE IN THIS SPACE**



02202008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2664534**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**FORMAN, ROBERT S., ESQ.**  
**2101 W. COMMERCIAL BLVD., STE 4100**  
**FORT LAUDERDALE, FL 33309**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when reappointing.

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SADIK, OFER 2860 CENTER PORT CIRCLE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARARI, DAVID 2860 CENTER PORT CIRCLE POMPANO BEACH, FL 33064
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03/03/06 80025-007 150.00

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:** \_\_\_\_\_ **OFER SADIK**      **02/20/06**      **954-977-8177**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #