2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M27617

1. Entity Name
DAVID'S ART, INC.

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

DO NOT WRITE IN THIS SPACE

01222007   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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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_____

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

U00000618034
02/08/07-80013-022 150.00

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

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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: _____   OFER SADIK   1/25/07   954-977-8177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #