


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 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**



01102008    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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

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	

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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 reports 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:**       Date: 1/10/08      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR