



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000033179</b>																										
<b>1. Entity Name</b> PAVEL & DANIELA, INC.																										
<b>Principal Place of Business</b> 131 PONCE DE LEON DRIVE ORLANDO, FL 32176			<b>Mailing Address</b> 131 PONCE DE LEON DRIVE ORLANDO, FL 32176																							
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
<b>City &amp; State</b>		<b>City &amp; State</b>																								
<b>Zip</b>		<b>Country</b>		04252007    Chg-P    CR2E034 (12/06)																						
<b>4. FEI Number</b> 59-3638789		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable																			
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Not Applicable																										
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																								
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																							
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px; text-align: center;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px; text-align: center;">FL</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>	FL	Zip Code															
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<b>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.</b>																										
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)    DATE _____																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																							
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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:** \_\_\_\_\_ 04/30/07    386-673-3796

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