

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90287 020 ***150.00

DOCUMENT # P00000077961 1. Entity Name DAQUIRI DAZE, INC.																																																																									
Principal Place of Business 2610 SAWGRASS MILLS CIRCLE #1427 FORT LAUDERDALE, FL 33323		Mailing Address 2610 SAWGRASS MILLS CIRCLE #1427 FORT LAUDERDALE, FL 33323																																																																							
2. Principal Place of Business c/o Ronny J. Halperin, P.A. 312 S.E. 17th Street, 2nd Floor Ft. Lauderdale, FL 33316 U.S.		3. Mailing Address c/o Ronny J. Halperin, P.A. 312 S.E. 17th Street, 2nd Floor Ft. Lauderdale, FL 33316 U.S.																																																																							
4. FEI Number 65-0868042		Applied For <input type="checkbox"/> Not Applicable																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC 2610 SAWGRASS MILLS CIRCLE #1427 MIAMI, FL 33131		7. Name and Address of New Registered Agent Ronny J. Halperin, P.A. 312 S.E. 17th Street, 2nd Floor Ft. Lauderdale, FL 33316 FL 33316																																																																							
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: <u><i>Ronny Halperin</i></u> Ronny Halperin, Pres 3/27/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>GUILMARTIN, ROBERT J JR.</td> <td>5701 SUNSET DRIVE, SUITE 385</td> <td>SOUTH MIAMI, FL 33143</td> <td></td> </tr> <tr> <td></td> <td>FELDMAN, LAWRENCE</td> <td>5701 SUNSET DRIVE, SUITE 385</td> <td>SOUTH MIAMI, FL 33143</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete		GUILMARTIN, ROBERT J JR.	5701 SUNSET DRIVE, SUITE 385	SOUTH MIAMI, FL 33143			FELDMAN, LAWRENCE	5701 SUNSET DRIVE, SUITE 385	SOUTH MIAMI, FL 33143						<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>Guilmartin, Robert J. Jr.</td> <td>2610 Sawgrass Mills Circle, #1427</td> <td>Sunrise, FL 33323</td> <td></td> </tr> <tr> <td></td> <td>Feldman, Lawrence</td> <td>2610 Sawgrass Mills Circle, #1427</td> <td>Sunrise, FL 33323</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		Guilmartin, Robert J. Jr.	2610 Sawgrass Mills Circle, #1427	Sunrise, FL 33323			Feldman, Lawrence	2610 Sawgrass Mills Circle, #1427	Sunrise, FL 33323						<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Ronny Halperin</i></u> VP		Date: <u>4/24/04</u> Daytime Phone #: <u>954-846-9159</u>																																																																							