

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90045 049 \*\*\*150.00

<b>DOCUMENT # P00000077961</b>					
<b>1. Entity Name</b> DAIQUIRI DAZE, INC.					
<b>Principal Place of Business</b> 2610 SAWGRASS MILLS CIRCLE 1427 FORT LAUDERDALE, FL 33323			<b>Mailing Address</b> C/O RONNY J. HALPERIN, P.A. 312 S.E. 17TH STREET, 2ND FLOOR FORT LAUDERDALE, FL 33316		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2610 SAWGRASS MILLS CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 1427			
City & State		City & State FT. LAUDERDALE, FL		<b>4. FEI Number</b> 65-0868042	
Zip		Zip 33323		Country USA	
<b>6. Name and Address of Current Registered Agent</b> HALPERIN, RONNY J P.A. 2610 SAWGRASS MILLS CIRCLES #1427 FORT LAUDERDALE, FL 33323				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FELDMAN, LAWRENCE 48 PALM AVENUE MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSTD FELDMAN, LAWRENCE 48 PALM AVENUE MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUILMARTIN, ROBERT J JR 58 PALM AVENUE MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILMARTIN, ROBERT J. JR. 48 PALM AVENUE MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b> LAWRENCE FELDMAN, PRES <i>[Signature]</i> 4/17/8 954-846-9159					