

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90292 018 ***150.00

DOCUMENT # P01000017440 1. Entity Name DAN AVILA ENTERPRISES, INC.					
Principal Place of Business 855 117TH TER N #1 SAINT PETERSBURG, FL 33716			Mailing Address 855 117TH TER N #1 SAINT PETERSBURG, FL 33716		
2. Principal Place of Business 1372 Bay harbor Dr Suite, Apt. #, etc. 107		3. Mailing Address 1372 Bay Harbor Dr Suite, Apt. #, etc. 107			
City & State Palm Harbor, FL		City & State Palm Harbor, FL			
Zip 34685		Country USA		Zip 34685	
Country USA		4. FEI Number 59-3698956			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DIMARCO, ROBERT F CPA 3444 E. LAKE RD, STE 412 PALM HARBOR, FL 34685			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reissuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME AVILA, DAN		☐ Delete		
STREET ADDRESS 855 117TH TER N #1	CITY-ST-ZIP SAINT PETERSBURG, FL 33716		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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>Dan Avila</u>			Date <u>4/20/05</u> Daytime Phone # <u>7275764529</u>		