2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 26, 2007 08:00 All Secretary of State DOCUMENT # P01000052630 1. Entity Name DAVID CASKET OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 337 NE 69TH STREET 337 NE 69TH STREET **MIAMI FL 33127 MIAMI FL 33127** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Numbor Applied For 65-1106395 Not Applicable Country Country 7เก 7in **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DURAN, RAYMOND A Street Address (P.O. Box Number is Not Acceptable) 337 NE 69TH STREET **MIAMI FL 33138** City 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 harrie of registered agent and title if applicable, (NOTE: Registered Again signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mu. THE ☐ Change ■ Addition Delete DURAN, RAYMOND A NAME. NAMI U00000734428 337 NE 69 ST. STREET ADDRESS STREET LADDRESS 05/09/07-80125-014 150.00 MIAMI FL 33138 CHY-SI-7P CHY-SI-78 Change Addition ☐ Defete III(L NAMi STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7/P THU Delete Change Addition THE NAMI STEFFT ADDRESS STRUCT ADDRESS CHY-ST-7IP CHY-SI-7IP 1601 Delete IIIIE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CUIY+ST-7IP City-St-7IP ma. ☐ Delcle Change Addition TITLE NAMI. NAMI* STRUCT ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-ZIP Addition HIII ☐ Delete HH ☐ Change NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental robot is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an efficer or director of the corporation or the receiver or tasked ampowered 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 first at address, with all other like empowered.

RAYMOND DURAN

G OFFICER OR DIRECTOR

SIGNATURE: