


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000053003**  
 1. Entity Name  
**DAVID LIMITED, INC.**



Principal Place of Business      Mailing Address  
**10275 COLLINS AVENUE, #914 SOUTH**      **10275 COLLINS AVENUE, #914 SOUTH**  
**BAL HARBOUR, FL 33154**      **BAL HARBOUR, FL 33154**



01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1111649</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**BRAUZER, DIANE**  
**10275 COLLINS AVENUE, #914 SOUTH**  
**BAL HARBOUR, FL 33154**

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**      **\$5.00** May Be  
 Trust Fund Contribution.            Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUZER, DIANE 10275 COLLINS AVENUE, #914 SOUTH BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAUZER, DAVID 10275 COLLINS AVENUE, #914 SOUTH BAL HARBOUR, FL 33154
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 01/21/04-80008-002 150.00

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *David Brauzer*      **DAVID BRAUZER**      1-16-04      865765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DAY      DAYTIME PHONE #