

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90412 020 \*\*\*158.75

66009334



03242006 Chg-P CR2E034 (11/05)

**DOCUMENT # P01000073030**

1. Entity Name  
D.N.M. MICHAL, INC.



Principal Place of Business  
2967 CAPTIVA BLVD  
SARASOTA, FL 34231

Mailing Address  
2967 CAPTIVA BLVD  
SARASOTA, FL 34231

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
65-1124286

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MIZRAHI, DROR NISSIM  
2967 CAPTIVA DR  
SARASOTA, FL 34231

7. Name and Address of New Registered Agent  
Name Oz Aharon  
Street Address (P.O. Box Number is Not Acceptable) 2717 Seville Blvd  
City AP 13002 Clearwater FL Zip Code 33764

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 Dror Mizrahi Oz Aharon 4-1-2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>DIRECTOR PRESIDENT</u><br><u>MIZRAHI, DROR NISSIM</u><br><u>2967 CAPTIVA DR</u><br><u>SARASOTA, FL 34231</u> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <u>Oz AHARON D VILE #PRESIDENT</u><br><u>2717 seville BLVD 13002</u><br><u>clearwater FL 33764</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |

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.

SIGNATURE: DROR NISSIM MIZRAHI Dror Mizrahi 04/01/06 941-544-0871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APRIL 10/ 2006.

ATTACHMENT <sup>66009954</sup>  
#P01000073030  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS -

FROM: D.M.M. MICHAL, INC.

REFERENCE NUMBER P01000073030

THIS ATTACHMENT IS TO CORRECT THE  
FOLLOWING FOR FILING IT: THE TITLE OF  
EACH OFFICER/DIRECTOR LISTED ON THE REPORT.

① DIRECTOR PRESIDENT.

DROR NISSIM MIZRAHI

2967 CAPTIVA PALM SARASOTA FL 34231.

② DIRECTOR VICE PRESIDENT.

OR AHARON.

2717 SEVILLE BVD A 13302

CLEAR WATER FL 33764.

~~DROR NISSIM MIZRAHI~~

TX DROR MIZRAHI PRESIDENT DIRECTOR OF  
D.M.M. MICHAL INC.

dror mizrahi