


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000073030</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  AHARON, OZ 2717 SEVILLE BLVD CLEARWATER, FL 33764		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MIZRAHI, DROR NISSIM 2967 CAPTIVA DR SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP AHARON, OZ 2717 SEVILLE BLVD 13302 CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Dror Mizrahi DROR NISSIM MIZRAHI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>03/15/07</u> Daytime Phone # <u>941-544-0871</u>



03242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1124286</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000681161  
04/04/07-80031-019 150.00

**DO NOT WRITE  
IN THIS SPACE**