2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am Secretary of State DOCUMENT # P01000098250 1. Entity Name 03-22-2004 90055 012 ***150.00 DAVERRY II, INC. Principal Place of Business Mailing Address 6237 SW 59 ST 6237 SW 59 ST 94033739 SOUTH MIAMI FL 33143-2105 SOUTH MIAMI FL 33143-2105 2. Principal Place of Business 3. Mailing Address 14125 NW 17 14125 NW 17 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1146133 Biscorne Biscayne Gardens, Gardens Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired usA U 5H 3316<u>7-122.6</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROCHA, TERRY Street Address (P.O. Box Number is Not Acceptable) 6237 SW 59 ST SOUTH MIAMI FL 33143-2105 4125 NW Biscoyne 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change Addition TITLE erry Rocha 4125 NW 17 Ave NAME ROCHA, TERRY NAME 6237 SW 59 ST STREET ADDRESS STREET ADDRESS Biscoyne Gordens FL 33167-1226 CITY-ST-ZIP SOUTH MIAMI FL 33143-2105 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Kerha President 3-11-04 305-793 3930 SIGNATURE:

FILED