


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P01000104736</b>         |  |
| 1. Entity Name<br>DAABON CHARTER, INC. |   |

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|--|--|
| Principal Place of Business<br>2121 PONCE DE LEON BLVD.<br>SUITE 240<br>CORAL GABLES, FL 33134 | Mailing Address<br>2121 PONCE DE LEON BLVD.<br>SUITE 240<br>CORAL GABLES, FL 33134 |
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|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



01102005 Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>31-1806349                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>PRATS, GABRIEL<br>2121 PONCE DE LEON BLVD.<br>SUITE 240<br>CORAL GABLES, FL 33134 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>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 | V<br>DAVILA, ALBERTO F<br>2121 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | U000000219832 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>02/08/05-80043-003 158.75 |
| 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 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 the 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 another like empowered.

**SIGNATURE:**  **SAN 17/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #