


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90252 033 ***150.00

DOCUMENT # P01000111834

1. Entity Name
DAVIDO-BELGIUM, INC.



Principal Place of Business Mailing Address

**1502 MAINSTREET
SARASOTA FL 34236** **1502 MAINSTREET
SARASOTA FL 34236**

2. Principal Place of Business 3. Mailing Address

1462 MAIN ST. **1462 MAIN ST.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

SARASOTA, FL **SARASOTA, FL**

Zip Country Zip Country

34236 **SARASOTA** **34236** **SARASOTA**

J1000100



MOORE CR2E034 (11/03)

4. FEI Number Applied For

65-1156317 Not Applicable

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

6. Name and Address of Current Registered Agent

**KOHLBERGER, DOMINIQUE M
454 FIREHOUSE CT
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name **HADEWYCH, DEVIDTS**

Street Address (P.O. Box Number is Not Acceptable) **1462 MAIN ST.**

City **SARASOTA** State **FL** Zip Code **34236**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOHLBERGER, DOMINIQUE M	
STREET ADDRESS	354 NORTH SHORE DR.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HADEWYCH, DEVIDTS	
STREET ADDRESS	1502 MAINSTREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOHLBERGER, DOMINIQUE	
STREET ADDRESS	454 FIREHOUSE CT	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1462 MAIN ST.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **4/15/04** Daytime Phone #: **941-330-2552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR