

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000030635

1. Entity Name
DAVIS INN CORP



Principal Place of Business
6500 BISCAYNE BLVD.
MIAMI, FL 33138

Mailing Address
6500 BISCAYNE BLVD.
MIAMI, FL 33138



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0641631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, SHIRLEY
5900 S.W. 123RD AVE.
MIAMI, FL 33183

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000798796
01/30/08-80043-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIAZ, SHIRLEY
STREET ADDRESS	5900 S.W. 123RD AVE
CITY-ST-ZIP	MIAMI, FL 33163
TITLE	ST
NAME	DIAZ, ELISA
STREET ADDRESS	5900 S.W. 123RD AVE
CITY-ST-ZIP	MIAMI, FL 33163
TITLE	D
NAME	DIAZ, VICTOR
STREET ADDRESS	5900 S.W. 123RD AVE
CITY-ST-ZIP	MIAMI, FL 33163
TITLE	D
NAME	FIGUEROA, WALTER
STREET ADDRESS	5900 S.W. 123RD AVE
CITY-ST-ZIP	MIAMI, FL 33163
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08 305-759-5623
Date Daytime Phone #