2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ..

FILED Jan 27, 2005 08:00 AM Secretary of State

01-24-05

	MINIONE	REPURI		-	. Jan 2	77, 2005	U8:UU A
1. Entity Nan	IMENT # P020000391 ne D DAVE, INC.	167				cretary	
Principal Plac	ce of Business	Mailing Address					
10777 NW		10777 NW 41 ST					
MIAMI, FL 3	33178	MIAMI, FL 33178		ļ			
			01242005 No Chg-P CR2E034 (10/03)				
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numbe	P.F.		Applied For
			!	04-364			Not Applicable
				5. Certificate	of Status Desired		Additional
	8. Name and Address of Current Re	ecistered Acent	T	<u> </u>		Fee Re	driueq
	JEZ, DAVID	[DO	NOT W	RITE		
10777 NW 41ST MIAMI, FL 33178							
			ļ	IN	THIS SF	ACE	
			!				
8. The above	named entity submits this statement for the	ne purpose of changing its registers	ed office or register	ed agent, or bol	th in the State of Flo	orida I am familiar	with and accent
	tions of registered agent.			•			
SIGNATURE							
	Signature, typed or printed name of registered agent and	the if applicable. (NOTE, Registere	d Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution,		.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS					<u>-</u>
TITLE NAME	RODRIGUEZ, DAVID		Į.				
STREET ADDRESS	10777 NW 418T		ł				
CITY-ST-ZIP	MIAMI, FL 33178	<u>.</u>					
TITLE	D .		1		UADOOC	1198839	
NAME.	MASCIO, ROSEMARY		Ì		01/27/05-	-80064-021	150.00
STREET ADDRESS CITY-ST-ZIP	10777 NW 418T MIAMI, FL 33178		1				
TITLE	Mirati, 12 35110		1				
NAME			ĺ				
STREET ADDRESS			1	nn	NOT W	DITE	
CITY-ST-ZIP			Į.	,			
TITLE Name			[IN 7	THIS SF	PACE	
STREET ADDRESS							ļ
CITY-ST-ZIP			ì				i
TILE			1				
NAME STREET HORRIDGE							}
STREET ADDRESS CITY-ST-ZIP		i	ì)
TITLE							
NAME			ľ				
STREET ADDRESS							ļ
CITY-ST-ZIP	<u> </u>		<u></u>			· <u></u>	
12. I hereby of indicated	certify that the information supplied with thi on this report or supplemental report is tru	is filing does not qualify for the exer se and accurate and that my signat	nption stated in Secure shall have the s	ction 119.07(3)(i ame legal effec), Florida Statutes, i t as if made under o	further certify that to bath; that I	the information (
of the cor changed,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower, or on an attachment with an address, built	ered to execute this report as requir Lall other like empowered.	ed by Chapter 607	, Florida Statutes	s; and that my name	appears in Block	10 or Block 11 if

AVID