


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90268 033 \*\*\*150.00

<b>DOCUMENT # P02000051436</b>	
1. Entity Name <b>DAKA USA, INC.</b>	

Principal Place of Business <b>8501 NW 17 ST STE 101 27 MIAMI, FL 33126</b>	Mailing Address <b>8501 NW 17 ST STE 101 27 MIAMI, FL 33126</b>
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2. Principal Place of Business <b>9600 NW 25 ST. Suite, Apt. #, etc. <b>Suite 5B.</b> City &amp; State <b>Miami FL.</b> Zip <b>33172</b> Country <b>U.S.A.</b></b>	3. Mailing Address <b>9600 NW 25 ST. Suite, Apt. #, etc. <b>Suite 5B</b> City &amp; State <b>Miami, FL.</b> Zip <b>33172</b> Country <b>U.S.</b></b>
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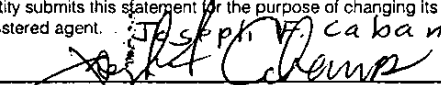


01212005 Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3687933</b>	Applied For <input type="checkbox"/> Not Applicable
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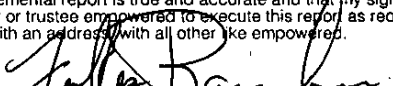
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FALLES, RAMADAN 8501 NW 17 STREET STE 101 27 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name <b>Cabanas &amp; Associates, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10520 NW 26<sup>th</sup> ST. - Suite C-201</b> City <b>Miami</b> FL Zip Code <b>33172</b>
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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. <b>Joseph V. Cabanas</b>	
SIGNATURE 	DATE <b>2/22/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMADAN, FALLES 8501 NW 17 ST. STE 101 27 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ramadan, Falles 9600 NW 25 ST. - STE. - 5B Miami, FL. 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Ramadan, Falles</b>	Date <b>03/06/2005</b> Daytime Phone # <b>336 0206</b>