

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90047 020 ***150.00

DOCUMENT # P02000051436 1. Entity Name DAKA USA, INC.			
Principal Place of Business 9600 NW 25 ST STE 5B MIAMI, FL 33172		Mailing Address 9600 NW 25 ST STE 5B MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # 9600 NW 25 St		3. Mailing Address 9600 NW 25 St.	
Suite, Apt. #, etc. 5B		Suite, Apt. #, etc. 5B	
City & State Doral, FL		City & State Doral, FL	
Zip 33172		Zip 33172	
Country U.S		Country U.S	
4. FEI Number 04-3687933		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, PA 10520 NW 26TH ST STE C201 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Cabanas & Associates, PA Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. - Ste. C201 City Doral FL Zip Code 33172	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMADAN, FALLES 9600 NW 25 ST STE 5B MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ramadan, Falles 9600 NW 25 St. - Ste. 5B Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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 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 with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03/28/07 (786) 336 0206 <small>Daytime Phone #</small>	

Falles Ramadan