

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90024 035 \*\*\*150.00

<b>DOCUMENT # P02000052801</b>					
<b>1. Entity Name</b> DABAR INVESTMENTS INC.					
<b>Principal Place of Business</b> 13661 SW 26 ST MIAMI, FL 33175			<b>Mailing Address</b> 13661 SW 26 ST MIAMI, FL 33175		
<b>2. Principal Place of Business - No P.O. Box #</b> 351 NW 125 AVE		<b>3. Mailing Address</b> 351 NW 125 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL		<b>4. FEI Number</b> 74-3045208	
<b>Zip</b> 33182		<b>Country</b> DADE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DABALSA, RICARDO 13661 SW 26 ST MIAMI, FL 33175			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 351 NW 125 AVENUE City <b>MIAMI</b> <b>FL</b> <b>Zip Code</b> 33182		
<b>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>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARGUIN, JOSE 13661 SW 26 ST. MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARGUIN, JOSE 351 NW 125 AVENUE MIAMI FL 33182	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DABALSA, RICARDO 13661 SW 26 ST. MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DABALSA, RICARDO 351 NW 125 AVENUE MIAMI FL 33182	
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	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date <b>3/10/2007</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			City/Phone #		