

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90429 033 ***158.75

DOCUMENT # P02000093568

1. Entity Name

DAYFRE INTERNATIONAL INC.



Principal Place of Business

2500 NW 107TH AVE., SUITE 208
MIAMI FL 33172

Mailing Address

2500 NW 107TH AVE., SUITE 208
MIAMI FL 33172

2. Principal Place of Business

4005 NW 114 AVE.

Suite, Apt. #, etc.

#3

City & State

MIAMI, FLORIDA

Zip
33178

Country

USA

3. Mailing Address

P.O. BOX 310323

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip
33231-0323

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

52-2374932

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPINOZA, DAYANA
2500 NW 107TH AVE., SUITE 208
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ESPINOZA, DAYANA
2500 NW 107TH AVE., SUITE 208
MIAMI FL 33172

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

04/19/04

Date

305-573-0897

Daytime Phone #