## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P02000109679 1. Entity Name D.A.R. MANAGEMENT, INC. Principal Place of Business Mailing Address 100 ALMERIA AVENUE **100 ALMERIA AVENUE** SUITE 230 SUITE 230 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 No Chg-P 04192006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 42-1563453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BOHATCH, JOHN S ESQ. DO NOT WRITE 2600 DOUGLAS ROAD PENTHOUSE 8 IN THIS SPACE CORAL GABLES, FL 33134 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 little if applicable. (NOTE. Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE D RODGERS, DERRICK A NAME STREET ADDRESS 100 ALMERIA AVENUE #230 CITY-ST-ZIP CORAL GABLES, FL 33134 1100000537549 05/09/06-80023-002 150,00 NAME STREET ADDRESS CITY-51-2IP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 attactment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

1/1900

Daylme Phone #

FILED