

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT



**FILED**  
**Aug 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000024703**  
1. Entity Name  
**DARA ENTERPRISES, INC.**

Principal Place of Business 4859 NW 112 DRIVE CORAL SPRINGS, FL 33076	Mailing Address 4859 NW 112 DRIVE CORAL SPRINGS, FL 33076
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07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3122928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
  
YAGODA, ANDREW S ESQ  
2222 PONCE DE LEON BLVD  
MIAMI, FL 33134

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS YAGODA, ANNE 4859 NW 112 DRIVE CORAL SPRINGS, FL 33076
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08/21/08-80001-009 150.00

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:** *Anne Yagoda* *7/15/2008*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #