FILED Sep 24, 2004 8:00 am

2004	FOR PRO	FIT CORF	PORATION
	ANNUAL	REPORT	(AR),

Maiory Address Maiory Address Maiory Address Maiory Address Maiory Address Maiory Address Maiory Florates Maiory Address Maiory Florates	DOCUMENT # P03000103701 1. Entity Name DKAY INTERIORS, INC					Secretary of State 08-30-2004 90007 036 ***150.00		
Suits Agt - etc. Suits Agt -	3837 NORTHDALE BLVD SUITE 124		3837 NORTHDALE BLVD SUITE 124					
Suits Apt # etc. Sate	_ '	lace of Busin	STAVIEW NA				2015	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'LEARY D'NICHAEL 101 F RENNEDY BLVD SUITE 2700 TAMPA FL-33602 City FL 2D Code 8. The above named entity authoris this sustainment for the purpose of changing its registrated office or registered agent, or both, in the State of Phorica. I am familiar with, and accept the the obligations of eigesfered agent of eigesfered age						<u>پ ۲۰۰۷</u>	MOORE CR2E034 (4/04)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'LEARY D'NICHAEL 101 F RENNEDY BLVD SUITE 2700 TAMPA FL-33602 City FL 2D Code 8. The above named entity authoris this sustainment for the purpose of changing its registrated office or registered agent, or both, in the State of Phorica. I am familiar with, and accept the the obligations of eigesfered agent of eigesfered age			City	City & State			4. FEI Number 245549 Applied For Not Applicable	
O'LEARY, D: MICHAEL 101 E KENNEDY BLVD SUITE 2700 TAMPA-FL-33602- City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sittle of Portica. I am farrisker with, and accept the obligations of registered agent. SIGNATURE: SIDNATURE: SIDNA			Country	Zip	Zip Country		try	5 Certificate of Status Desired Section \$8.75 Additional
O'LEARY-D. MICHAEL 101 E KENNEDY BLVD SUITE 2700 17AMPA-FL-33602. City FL Zip Code 6. The above named critiquis aboves this sustement for the purpose of changing its registrated office or registrated agent, or both, in the State of Piorice. I am familiar with, and accept the obligations of registrated agent. SIGNATURE: FILE NOW!!!! FEE Is \$550.00 S 507-93(2/b), F.S. advoir for the warker of the \$400.00 Indice fee, By checking this box. The corporation certifies at the following fine box. T		6. Name	and Address of Current	Registere	d Agent			7. Name and Address of New Registered Agent
10.1 E KENNEDY BLVD SUITE 2700 TAMPA FL-33602 City FL	·	ENDV-IN-	MOUXEL	·	استنداء داد نبيد البيد	_	Name	
### Chry FL Zip Code ### Code City FL Zip Code ### Code City FL Zip Code #### Code City FL Zip Code #### Code City FL Zip Code #### Code City FL Zip Code ##### Code City City City City City ##### Code City City City City City City ###################################	101	E KENNI	EDY BLVD				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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE STONANT-lines or private manufacturing agent and its all agent action agent and its all agent			3602					
the obligations of registered agent. SIGNATURE Signature Sig	;			_			City	FL Zip Code
SIGNATURE Symbols tyred or present areas of regalated speak and to be a quotation. (NOTE. Regalated Appell supposes required a few market of the \$400.00	8. The above	named entit	y submits this statement for	the purp	ose of changing its re	egistere	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$50.00 DUE 8Y September 6, 2004 Interview of the composition certains of the composition of the composition certains of the composition of the composition certains of the composition of the composition certains of the composition of the composition certains of the composition of the composition certains of the composition certains of the composition certains of the composition certains of the composition of the compo	the obligat	ions of regist	ered agent.					
Make Check Psyable to Florida Department of State. did not receive prior notice. Fee to live is \$150.00. Trust Fund Contribution	SIGNATURE .	Signature, typed	or printed name of registered agent a	und tide if app	icable. (NOTE.	Registered	d Agent signature require	ed when renstating) DATE
TITLE NAME NAME SIRET ADDRESS CITY-ST-2P TITLE D NAME NAME NAME NAME NAME NAME NAME NAME		DUE BY S	eptember 8, 2004	State	late fee. By check	ing this	box, the corporat	tion certifies it Trust Fund Contribution Added to Fees
NAME SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS	10.		OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS CITY-ST-ZP TAMPA FL 33624 TILE D RINEY, DOLLLY K 3837 NORTH-DALE BLVD SUITE 124 RINEY, DOLLLY K 3837 NORTH-DALE BLVD SUITE 124 CITY-ST-ZP TAMPA FL 33624 TITLE NAME STREET ADDRESS CITY-ST-ZP TAMPA FL 33624 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Change Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS CITY-ST-ZP TITLE Change Change Addition Addition Addition ADDRESS CITY-ST-ZP TITLE Change Addition Addition ADDRESS CITY-ST-ZP TITLE Change Addition ADDRESS CITY-ST-ZP TITLE Change Change Addition Addition ADDRESS CITY-ST-ZP TITLE Change Change Addition Addition ADDRESS CITY-ST-ZP TITLE Change Change Addition Addition ADDRESS CITY-ST-ZP TITLE Change Ch	l	1-	DDV I		Delete			☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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:	TITLE NAME STREET ADDRESS			<u></u>	☐ Delete	TITLE NAME STRE	E ET ADDRESS	☐ Change ☐ Addition
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