2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE: _

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000105674 05-03-2004 90714 046 ***150.00 DADI INVESTMENTS INC. Principal Place of Business Mailing Address 94079505 2875 N.E. 191ST STREET, 801 2875 N.E. 191ST STREET, 801 AVENUE, FL 33180 AVENUE, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 CR2E034 (10/03) Chg-P City & State City & State 4._FEI Number Applied For 20-085 159 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERBER, DANIEL J ESQ Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191ST STREET, 801 AVENUE, FL 33180 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Change Addition TITLE DAVID DICHI ABADI ABADI, DAVID D NAME 2875 NE 191 ST SUITE 801 STREET ADDRESS 2875 N.E. 191ST STREET, 801 STREET ADDRESS CITY-ST-ZIP 33180 CITY-ST-ZIP AVENUE, FL 33180 ☐ Change ☐ Delete TITLE Addition TITLE ASKENAZI DE DICHI, ALICIA NAME NAME STREET ADDRESS 2875 N.E. 191ST STREET, 801 STREET ADDRESS AVENUE, FL 33180 CITY-ST-ZIP TITLE n ☐ Delete TITLE Addition JOSE CHEREM SUTTON 2875 NE 191 ST SUITE SUTTON, JOSE C NAME NAME 2875 N.E. 191ST STREET, 801 STREET ADDRESS STREET ADDRESS AVENTURA FL. 33180 CITY-ST-ZIP AVENUE, FL 33180 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP og does not quarfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee emp

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