

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106474

Entity Name: DARYL PROFESSIONALS USA, INC.

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

3895 NW 183 ST
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

3895 NW 183 ST
MIAMI, FL 33055

New Mailing Address:

FEI Number: 56-2401340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASON, CHARLIE
3895 NW 183 ST
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: MICHLEID, DAVID
Address: 971 WEST 53 ST.
City-St-Zip: HIALEAH, FL 33012

Title: T () Delete
Name: EASON, CHARLIE
Address: 3845 NW 183RD ST.
City-St-Zip: MIAMI, FL 33055

Title: AS () Delete
Name: WHITE, DEBORAH
Address: 1621 NW 50 ST.
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: WRIGHT, LORENZO
Address: 2501 NW 162ND TERR.
City-St-Zip: OPA LOCKA, FL 33054

Title: P () Delete
Name: MARSHALL, MICHAEL S
Address: 2051 NW 207TH ST., #218
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: LENO, CALVIN D
Address: 1681 NW 195 ST.
City-St-Zip: MIAMI GARDENS, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: SANDRA, SANDS
Address: 16430 NW 17TH PLACE
City-St-Zip: MIAMI, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECT (X) Change () Addition
Name: EASON, DEBORAH
Address: 3895 NW 183RD STREET.
City-St-Zip: MIAMI, FL 33055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE EASON

PRES

02/02/2007

Electronic Signature of Signing Officer or Director

Date