

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90213 001 ***158.75

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04212005 Chg-P CR2E034 (10/03)

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|---|--|---|---|
| DOCUMENT # P03000742130 1. Entity Name DAVANNA SERVICES, INC. | | | |
| Principal Place of Business 11535 SW 185TH STREET MIAMI, FL 33157 | | Mailing Address 11535 SW 185TH STREET MIAMI, FL 33157 | |
| 2. Principal Place of Business 6011 W 16 Ave Suite, Apt. #, etc. N/A | | 3. Mailing Address 6011 W 16 Ave Suite, Apt. #, etc. N/A | |
| City & State Hialeah, FL Zip 33012 Country Dade | | City & State Hialeah, FL Zip 33012 Country Dade | |
| 4. FEI Number 33-1077761 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CRUZ, LAZARA MS 11535 SW 185TH STREET MIAMI, FL 33157 | | 7. Name and Address of New Registered Agent Name N/A 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 4/28/05 <small>Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME CRUZ, LAZARA MS STREET ADDRESS 11535 SW 185TH STREET CITY-ST-ZIP MIAMI, FL 33157 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME GONZALEZ, JOEL MR STREET ADDRESS 18322 NW 68 CITY-ST-ZIP HIALEAH GARDENS, FL 33015 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME GUTIERREZ, JORGE I MR STREET ADDRESS 11535 SW 185 ST. CITY-ST-ZIP MIAMI, FL 33157 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: | | Date 4/21/05 Daytime Phone 786-709-8186 | |