

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146239

1. Entity Name  
DAC ADVISORS INC.



FILED

2007 MAR 16 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1817 WAKEENA DR  
MIAMI, FL 33133

Mailing Address  
1817 WAKEENA DR  
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152007

Chg-P

CR2E034 (12/06)

4. FEI Number  
45-0528575

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURNS, ROBERT  
1817 WAKEENA DR  
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name Alexa Renee Alvarez

Street Address (P.O. Box Number is Not Acceptable)

1817 Wakeena Drive

City Miami

FL

Zip Code 33133

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

\$00094755625

03/26/07--01027--003 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ROBERT K. BURNS  
STREET ADDRESS 1817 WAKEENA DRIVE  
CITY-ST-ZIP MIAMI, FL 33133 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Alexa Renee Alvarez ☒ Change ☐ Addition  
STREET ADDRESS 1817 Wakeena Drive  
CITY-ST-ZIP miami, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #