

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90035 015 \*\*\*150.00

<b>DOCUMENT # P04000076542</b> 1. Entity Name <b>DAVEBREY, INC.</b>					
Principal Place of Business <b>5401 NW 102 AVE BAY 112 SUNRISE, FL 33351</b>			Mailing Address <b>5401 NW 102 AVE BAY 112 SUNRISE, FL 33351</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>REISMAN, JEROME S</b> <b>3006 AVIATION AVE SUITE 4B</b> <b>COCONUT GROVE, FL 33133</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P		<input type="checkbox"/> Delete		
NAME	PINES, DAVID		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5401 NW 102 AVE BAY 112		TITLE		
CITY-ST-ZIP	SUNRISE, FL 33351		NAME		
TITLE	ST		STREET ADDRESS		
NAME	PINES, AUBREY T		CITY-ST-ZIP		
STREET ADDRESS	5401 NW 102 AVE BAY 112		TITLE		
CITY-ST-ZIP	SUNRISE, FL 33351		NAME		
TITLE			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			TITLE		
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CITY-ST-ZIP			NAME		
TITLE			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			TITLE		
CITY-ST-ZIP			NAME		
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.					
<b>SIGNATURE:</b> <i>David Pines President</i>			2/12/05 954 748-8824		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**66002101**



01102005 Chg-P CR2E034 (10/03)

4. FEI Number **201151288** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required