

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000076542	
1. Entity Name DAVEBREY, INC.	

Principal Place of Business 5401 NW 102 AVE BAY 112 SUNRISE, FL 33351	Mailing Address 5401 NW 102 AVE BAY 112 SUNRISE, FL 33351
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04082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1151288	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REISMAN, JEROME S 3008 AVIATION AVE SUITE 4B COCONUT GROVE, FL 33133	DO NOT WRITE IN THIS SPACE
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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 (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$160.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Add-on to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINES, DAVID 5401 NW 102 AVE BAY 112 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PINES, AUBREY T 5401 NW 102 AVE BAY 112 SUNRISE, FL 33351
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04/19/07-80045-011 150.00

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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: _____ **4/7/07** **954.748.9824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #