

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90076 028 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                    |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000077170</b><br>1. Entity Name<br><b>DAVTA CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                   |                                                                              |
| Principal Place of Business<br><b>100 N. BISCAYNE BLVD., NEW WORLD TOWER<br/>2100<br/>MIAMI, FL 33132</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Mailing Address<br><b>100 N. BISCAYNE BLVD., NEW WORLD TOWER<br/>2100<br/>MIAMI, FL 33132</b>                                                      |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | 3. Mailing Address<br><b>9952 S.W. 122 St.</b><br>Suite, Apt. #, etc.<br>City & State<br><b>Miami, Florida</b><br>Zip      Country<br><b>33176</b> |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | 20017673<br>                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | 02272005    Chg-P    CR2E034 (10/03)                                                                                                               |                                                                              |
| 4. FEI Number<br><b>20-2288410</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                             |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | <b>\$8.75 Additional Fee Required</b>                                                                                                              |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>BAUR, THOMAS<br/>100 NORTH BISCAYNE BLVD.<br/>#2100<br/>MIAMI, FL 33132</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                    |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                             |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                       |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P<br>TENUTA, DAVID<br>2509 ANDERSON ROAD #2<br>CORAL GABLES, FL 33134 | TITLE                                                                                                                                              | VP<br>TENUTA, DAVID<br>3600 Mystic Pointe Dr. # 1516<br>AVENTURA, FLA. 33180 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | NAME                                                                                                                                               |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | STREET ADDRESS                                                                                                                                     |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | CITY-ST-ZIP                                                                                                                                        |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Delete                            |                                                                                                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | TITLE                                                                                                                                              |                                                                              |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | NAME                                                                                                                                               |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | STREET ADDRESS                                                                                                                                     |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | CITY-ST-ZIP                                                                                                                                        |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                       |                                                                                                                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | TITLE                                                                                                                                              |                                                                              |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | NAME                                                                                                                                               |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | STREET ADDRESS                                                                                                                                     |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | CITY-ST-ZIP                                                                                                                                        |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                       |                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | TITLE                                                                                                                                              |                                                                              |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | NAME                                                                                                                                               |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | STREET ADDRESS                                                                                                                                     |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | CITY-ST-ZIP                                                                                                                                        |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                       |                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | TITLE                                                                                                                                              |                                                                              |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | NAME                                                                                                                                               |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | STREET ADDRESS                                                                                                                                     |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | CITY-ST-ZIP                                                                                                                                        |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                       |                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | Date<br><b>2-25-2005</b><br>Daytime Phone #                                                                                                        |                                                                              |