

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90066 037 ***150.00

DOCUMENT # P05000054797					
1. Entity Name DAVIE MANAGEMENT GROUP INC.					
Principal Place of Business 4595 NW 37TH CT MIAMI, FL 33142			Mailing Address 4595 NW 37TH CT MIAMI, FL 33142		
2. Principal Place of Business 1717 Second Street Suite A City & State: Sarasota Florida Zip: 34236 Country: USA		3. Mailing Address 1717 Second Street Suite A City & State: Sarasota, Florida Zip: 34236 Country: USA			
4. FEI Number 20-2672499				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CICERO, LISA B ESQ 4595 NW 37TH CT MIAMI, FL 33142			7. Name and Address of New Registered Agent Name: NEIL N. MALAMUD Street Address (P.O. Box Number is Not Acceptable): 1717 SECOND STREET, SUITE A City: SARASOTA FL Zip Code: 34236		
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: 1-19-06 <small>Signature, type 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, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: CICERO, MATHEW STREET ADDRESS: 4595 NW 37TH CT CITY-ST-ZIP: MIAMI, FL, 33142	<input checked="" type="checkbox"/> Delete		TITLE: D/P/S/T NAME: NEIL N. MALAMUD STREET ADDRESS: 1717 SECOND STREET SUITE A CITY-ST-ZIP: SARASOTA, FLORIDA 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: CICERO, LISA B STREET ADDRESS: 4595 NW 37TH CT CITY-ST-ZIP: MIAMI, FL 33142	<input checked="" 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 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:			Date: 1/19/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: NEIL N. MALAMUD					