


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90209 015 \*\*\*150.00

<b>DOCUMENT # P05000061033</b>	
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1. Entity Name  
DAMFINO, INC.

Principal Place of Business  
4543 SOUTH MANHATTAN AVE. SUITE 103  
TAMPA, FL 33611

Mailing Address  
4543 SOUTH MANHATTAN AVE. SUITE 103  
TAMPA, FL 33611



04222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business <i>16123 Vanderbilt DR</i> Suite, Apt. #, etc.	3. Mailing Address <i>16123 Vanderbilt DR</i> Suite, Apt. #, etc.
City & State <i>Odessa, FL</i>	City & State <i>Odessa, FL</i>
Zip <i>33556</i>	Country <i>USA</i>

4. FEI Number  
*20-2734629*

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJSA, EVELYN 4543 SOUTH MANHATTAN AVE. SUITE 103 TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAJSA, Evelyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16123 Vanderbilt DR Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKES, BRENDA 4543 SOUTH MANHATTAN AVE. SUITE 103 TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Oakes, Brenda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16123 Vanderbilt DR Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Evelyn Bajsa* Evelyn Bajsa 4-21-06 813-625-5739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #