

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000119031

**FILED**  
**Aug 22, 2007**  
**Secretary of State****Entity Name:** DAVE'S WHOLESALE INCORPORATED**Current Principal Place of Business:**4701 SW 45 STREET  
BUILDING #9 BAY 32  
DAVIE, FL 33314**New Principal Place of Business:**4747 SW 45 STREET  
DAVIE, FL 33314**Current Mailing Address:**4701 SW 45 STREET  
BUILDIN #9 BAY 32  
DAVIE, FL 33314**New Mailing Address:**4747 SW 45 STREET  
DAVIE, FL 33314**FEI Number:** 43-2091013**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BERCOVICZ, DAVID M  
4701 SW 45 STREET  
BUILDING #9 BAY 32  
DAVIE, FL 33314 US**Name and Address of New Registered Agent:**BERCOVICZ, DAVID M  
4747 SW 45 STREET  
DAVIE, FL 33314 US

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.

SIGNATURE: DAVID M BERCOVICZ

08/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BERCOVICZ, DAVID M  
Address: 4701 SW 45 STREET BLDG. 9 BAY 32  
City-St-Zip: DAVIE, FL 33314

Title: V ( ) Delete  
Name: BERCOVICZ, LAURIE A  
Address: 4701 SW 45 STREET BLDG. 9 BAY 32  
City-St-Zip: DAVIE, FL 33314

Title: ST ( ) Delete  
Name: BERK, MARLENE  
Address: 4701 SW 45 STREET BLDG. 9 BAY 32  
City-St-Zip: DAVIE, FL 33314

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BERCOVICZ, DAVID M  
Address: 4747 SW 45 STREET  
City-St-Zip: DAVIE, FL 33314

Title: V (X) Change ( ) Addition  
Name: BERCOVICZ, BENNY  
Address: 4747 SW 45 STREET  
City-St-Zip: DAVIE, FL 33314

Title: ST (X) Change ( ) Addition  
Name: BERK, MARLENE  
Address: 4747 SW 45 STREET  
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE E. BERK

ST

08/22/2007

Electronic Signature of Signing Officer or Director

Date