

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90203 024 \*\*\*150.00

**DOCUMENT # P05000140734**

1. Entity Name  
**DAT DEVELOPMENT CORP.**



Principal Place of Business  
**3440 NW 4TH ST  
FT LAUDERDALE, FL 33311**

Mailing Address  
**3440 NW 4TH ST  
FT LAUDERDALE, FL 33311**

00000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**20-4920158**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ALLEN, DAMION  
3440 NW 4TH ST  
FT LAUDERDALE, FL 33311**

## 7. Name and Address of New Registered Agent

Name **Elsie Ramdhanie**

Street Address (P.O. Box Number is Not Acceptable)

**3440 NW 4th Street**

City **Ft. Lauderdale**

**FL**

Zip Code  
**33311**

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 **& Elsie Ramdhanie**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

**01-11-07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **RAMDHANIE, ELSIE**  
STREET ADDRESS **3440 NW 4TH ST**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE **D** ☒ Delete  
NAME **ALLEN, DAMION**  
STREET ADDRESS **3440 NW 4TH ST**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE **D** ☒ Delete  
NAME **ALLEN, GRACE**  
STREET ADDRESS **3440 NW 4TH ST**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE **D** ☒ Delete  
NAME **RATTRAY, TERRY**  
STREET ADDRESS **3440 NW 4TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE **D** ☒ Delete  
NAME **WILLIAMS, GODFREY**  
STREET ADDRESS **3440 NW 4TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE **D** ☒ Delete  
NAME **MOHAN, LAWRENCE**  
STREET ADDRESS **3440 NW 4TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.B.S.** ☒ Change ☐ Addition  
NAME **Ramdhanie, Elsie**  
STREET ADDRESS **3440 NW 4th Street**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

TITLE **VP. D.** ☐ Change ☒ Addition  
NAME **Ramdhanie, Tarandath**  
STREET ADDRESS **3440 NW 4th Street**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Elsie Ramdhanie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-11-07**

Date

**954-689-8647**

Daytime Phone #