


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90027 016 \*\*\*150.00

<b>DOCUMENT # P05000143135</b> 1. Entity Name <b>DUST TIL DAWN GLOBAL, INC.</b>																																																																																																																	
Principal Place of Business <b>22100 SOUTHWEST 114TH AVENUE MIAMI FL 33170</b>			Mailing Address <b>POST OFFICE BOX 7000843 MIAMI FL 33170</b>																																																																																																														
2. Principal Place of Business - No P.O. Box # <b>22100 SW 114 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 700843</b> Suite, Apt. #, etc.																																																																																																															
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>AP-PLIED FOR</b>																																																																																																													
Zip <b>33170</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																													
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																														
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007, Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																														
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>DAVIS, MARK</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>22100 SOUTHWEST 114TH AVENUE</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>MIAMI FL 33170</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>VD PERRY, GREGORY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>22100 SOUTHWEST 114TH AVENUE</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>MIAMI FL 33170</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>STD DANTZLER, ERVIN</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>22100 SOUTHWEST 114TH AVENUE</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>MIAMI FL 33170</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>VD Kimberly Davis</b></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>22100 SW 114 AVE</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>MIAMI FL 33170</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>C Perry, Gregory</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>22100 SW 114 AVE</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>MIAMI FL 33170</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>DAVIS, MARK</b>		STREET ADDRESS	<b>22100 SOUTHWEST 114TH AVENUE</b>		CITY- ST- ZIP	<b>MIAMI FL 33170</b>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>VD PERRY, GREGORY</b>		STREET ADDRESS	<b>22100 SOUTHWEST 114TH AVENUE</b>		CITY- ST- ZIP	<b>MIAMI FL 33170</b>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>STD DANTZLER, ERVIN</b>		STREET ADDRESS	<b>22100 SOUTHWEST 114TH AVENUE</b>		CITY- ST- ZIP	<b>MIAMI FL 33170</b>		TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>VD Kimberly Davis</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>22100 SW 114 AVE</b>		CITY- ST- ZIP	<b>MIAMI FL 33170</b>		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>C Perry, Gregory</b>		STREET ADDRESS	<b>22100 SW 114 AVE</b>		CITY- ST- ZIP	<b>MIAMI FL 33170</b>		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																																																																																																																	
<b>SIGNATURE: <u>MARK R DAVIS</u> 4/30/07 (786) 443-4784</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	

00013750



1st MOORE CR2E034 (10/06)

ATTACHMENT

66019738

#005000143135

Form **SS-4**

(Rev. December 2001)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **22-3917435**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>DUST TIL DAWN GLOBAL, INC.</b>		
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) Post Office Box 7000843		5a Street address (if different) (Do not enter a P.O. box.) 22100 Southwest 114 Avenue
	4b City, state, and ZIP code Miami, Florida 33170		5b City, state, and ZIP code Miami, Florida 33170
	6 County and state where principal business is located Miami-Dade County, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustee Mark Davis, President		7b SSN, ITIN, or EIN 267-85-0955
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S/2553 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida	
Foreign country			
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (month, day, year) 10/20/05		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ 10/20/05			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶		Agricultural	Household
Other		1	
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify)			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. commercial and residential cleaning services			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶		Trade name ▶	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ( )
	Address and ZIP code		Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Type or print clearly) ▶

ELSIE SANCHEZ, Treasurer

Signature ▶

Date ▶

10/31/05

Applicant's telephone number (include area code)

( 786 ) 457-3977 443 4734

Applicant's fax number (include area code)

( 305 ) 857-3700 447 1908