2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000156138



04-13-2006 90310 017 ***150.00 DAGÁR DEVELOPMENT, INC. 40047584 Principal Place of Business Mailing Address ONE S.E. THIRD AVENUE ONE S.E. THIRD AVENUE 1260 1260 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 CR2E034 (11/05) City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLLACK, GARY W ONE S.E. THIRD AVENUE Street Address (P.O. Box Number is Not Acceptable) 1260 MIAMI, FL 33131 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LUKE, DAVID L NAME NAME ONE S.E. THIRD AVENUE, SUITE 1260 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-7IP CITY-ST-7P VP,S TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME POLLACK, GARY W NAME ONE S.E. THIRD AVENUE, SUITE 1260 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE LUKE, DAVID L NAME NAME STREET ADDRESS ONE S.E. THIRD AVENUE, SUITE 1260 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TITLE ☐ Addition ☐ Delete POLLACK, GARY W NAME NAME ONE S.E. THIRD AVENUE, SUITE 1260 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-7/P CITY-ST-ZIP TIFLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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 out of the 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 life eppowered.

SIGNATURE:

FILED

Apr 13, 2006 8:00 am Secretary of State