

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


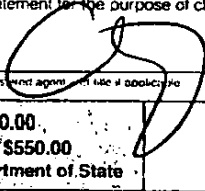
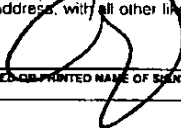
FILED
Apr 03, 2006 8:00 am
Secretary of State

03-10-2006 90017 027 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P05000161952 1. Entity Name D.A.S. NORTH MIAMI, INC.			
Principal Place of Business 12780 MAPLE ROAD NORTH MIAMI FL 33181		Mailing Address 12780 MAPLE ROAD NORTH MIAMI FL 33181	
2. Principal Place of Business 13255 Biscayne Bay Terr. Suite, Apt. #, etc.		3. Mailing Address 13255 Biscayne Bay Terr. Suite, Apt. #, etc.	
City & State North Miami FL Zip 33181 Country		City & State North Miami FL Zip 33181 Country	
4. FEL Number 20-4347832		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, DAREN A 12780 MAPLE ROAD NORTH MIAMI FL 33181		7. Name and Address of New Registered Agent Name Schwartz, Daren A Street Address (P.O. Box Number is Not Acceptable) 13255 Biscayne Bay Terr. City North Miami FL Zip Code 33181	
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  (NOTE: Registered Agent signature required when reconstituted) DATE 2/28/06			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DAREN A <input type="checkbox"/> Delete 12780 MAPLE ROAD NORTH MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schwartz, Daren A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13255 Biscayne Bay Terr. North Miami, FL 33181
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
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
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.			
SIGNATURE: 		Date 2/28/06 (705) 785-4307 Daytime Phone #	