


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90201 004 ***150.00

DOCUMENT # P06000009825

1. Entity Name
DAGATA & DAGATA CORPORATION



Principal Place of Business Mailing Address
3934 SW KABANE STREET **3934 SW KABANE STREET**
PORT ST. LUCIE, FL 34953 **PORT ST. LUCIE, FL 34953**

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



03152007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

DAGATA, SR., ANTHONY J
3934 SW KABANE STREET
PORT ST. LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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	P	<input type="checkbox"/> Delete
NAME	DAGATA, SR., ANTHONY J	
STREET ADDRESS	3934 SW KABANE STREET	
CITY - ST - ZIP	PORT ST. LUCIE, FL 34953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAGATA, JR., ANTHONY J	
STREET ADDRESS	3934 SW KABANE STREET	
CITY - ST - ZIP	PORT ST. LUCIE, FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Box 306	
STREET ADDRESS	906 SW St. Lucie West Blvd.	
CITY - ST - ZIP	Port Saint Lucie, Fla 34986	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Box 306	
STREET ADDRESS	906 SW St. Lucie West Blvd.	
CITY - ST - ZIP	Port St. Lucie FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate, that my name 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: Anthony J. Dagata Sr. 4/17/07 772-214-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #