

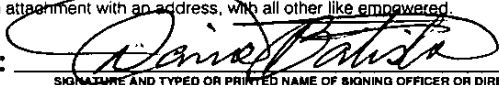


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90010 020 \*\*\*150.00

<b>DOCUMENT # P06000040561</b> 1. Entity Name <b>DABAT GENERAL REPAIRS, CORP.</b>					
Principal Place of Business <b>1288 WEST 29TH STREET APT 33 HIALEAH, FL 33012</b>			Mailing Address <b>1288 WEST 29TH STREET APT 33 HIALEAH, FL 33012</b>		
2. Principal Place of Business - No P.O. Box # <b>2260 West 53 PL</b>		3. Mailing Address <b>2260 West 53 PL</b>			
Suite, Apt. #, etc. <b>APto 101</b>		Suite, Apt. #, etc. <b>APto 101</b>			
City & State <b>Hialeah, Florida</b>		City & State <b>Hialeah, Florida</b>			
Zip <b>33016</b>		Zip <b>33016</b>			
Country <b>USA</b>		Country <b>USA</b>		03152007 Chg-P CR2E034 (12/06)	
4. FEI Number <b>65-1272095</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BATISTA, DANIEL 2260 WEST 53 PL APT 101 HIALEAH, FL 33012</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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTSD BATISTA, DANIEL 2260 WEST 53 PL APT 101 HIALEAH, FL 33016</b> <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	
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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 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: 			Date: <b>April 16/07</b> Daytime Phone #: <b>305-8250792</b>		