

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90041 043 ***150.00

DOCUMENT # **P06000049192**



1. Entity Name

DAYAMIS HOME SERVICES, INC.

Principal Place of Business

**2715 WEST NASSAU ST.
TAMPA FL 33607
US**

Mailing Address

**2715 WEST NASSAU ST.
TAMPA FL 33607
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**DAYAMIS HOME SERVICES, INC. 9943 SW. 5TH STREET CIRCLE
SUITE, APT. #, ETC.
9943 S.W. 5TH STREET CIRCLE**

MIAMI, FL

Suite, Apt. #, etc.

MIAMI, FL

City & State

Zip

Country

33174-1890 MIAMI-DADE

City & State

Zip

Country

33174-1890 MIAMI-DADE

4. FEI Number

#20-4665309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**GARCIA, DAYAMIS
2715 WEST NASSAU ST.
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **GARCIA, DAYAMIS**

Street Address (P.O. Box Number is Not Acceptable)

9943 S.W. 5TH STREET CIRCLE

City **MIAMI**

FL

Zip Code

33174-1890

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]
DAYAMIS GARCIA

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02/06/2007

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GARCIA, CARLOS A**
STREET ADDRESS **2715 WEST NASSAU ST.**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **S/T** ☐ Delete
NAME **GARCIA, DAYAMIS**
STREET ADDRESS **2715 WEST NASSAU ST.**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GARCIA, CARLOS A.** ADDRESS
STREET ADDRESS **9943 S.W. 5TH STREET CIRCLE**
CITY-ST-ZIP **MIAMI, FL 33174-1890**

TITLE **S/T** ☒ Change ☐ Addition
NAME **GARCIA, DAYAMIS**
STREET ADDRESS **9943 S.W. 5TH STREET CIRCLE**
CITY-ST-ZIP **MIAMI, FL 33174-1890**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

CARLOS GARCIA

02/06/2007

Date

Daytime Phone #