


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY -2 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000049192			
1. Entity Name DAYAMIS HOME SERVICES, INC.			
Principal Place of Business DAYAMIS HOME SERVICES, INC. 9943 SW 5TH STREET CR. MIAMI, FL 33174-1890 US		Mailing Address DAYAMIS HOME SERVICES, INC. 9943 SW 5TH STREET CR. MIAMI, FL 33174-1890 US	
2. Principal Place of Business - No P.O. Box # PACHY'S PAINTING, INC. Suite, Apt. #, etc. 9943 S.W. 5TH STREET CIR City & State MIAMI, FL Zip 33174 Country MIAMI-DADE		3. Mailing Address PACHY'S PAINTING, INC. Suite, Apt. #, etc. 9943 S.W. 5TH STREET CIR City & State MIAMI, FL Zip 33174 Country MIAMI-DADE	
04292007 Chg-P CR2E034 (12/06)		4. FEI Number 20-4665309	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, DAYAMIS 9943 SW 5TH STREET CR. MIAMI, FL 33174-1890		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 <i>x Garcia</i> <i>x Garcia</i> 04/29/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, CARLOS A 9943 SW 5TH STREET CR. TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, CARLOS A 9943 S.W. 5TH STREET CIR MIAMI, FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T GARCIA, DAYAMIS 9943 SW 5TH STREET CR. TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T GARCIA, DAYAMIS 9943 S.W. 5TH STREET CIR MIAMI, FL 33174 <input checked="" 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: <i>x Garcia</i> CARLOS A. GARCIA 04/29/2007 786-564-4800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	