


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-31-2007 90002 046 \*\*\*150.00

<b>DOCUMENT # P06000069861</b>	
1. Entity Name <b>DAVID &amp; L CORP</b>	

Principal Place of Business <b>7341 W ORLEANS STREET MIRAMAR, FL 33023 US</b>	Mailing Address <b>7341 W ORLEANS STREET MIRAMAR, FL 33023 US</b>
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2. Principal Place of Business - No P.O. Box # <b>436 SW 13 Ave</b>	3. Mailing Address <b>436 SW 13 Ave</b>
Suite, Apt. #, etc. <b>4</b>	Suite, Apt. #, etc. <b>4</b>

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33135</b>	Zip <b>33135</b>
Country <b>Miami Dade</b>	Country <b>Miami Dade</b>

05212007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-4913450</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>SOLIS, FRANCISCO D 7341 W ORLEANS STREET MIRAMAR, FL 33023</b>	7. Name and Address of New Registered Agent Name <b>Solis, Francisco D</b> Street Address (P.O. Box Number is Not Acceptable) <b>436 SW 13 Ave Apt. #4</b> City <b>Miami</b> FL Zip Code <b>33135</b>
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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 Francisco David Solis DATE 05/21/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SOLIS, FRANCISCO D 7341 W ORLEANS STREET MIRAMAR, FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Solis, Francisco D 436 SW 13 Ave. Apt 4 Miami, Florida 33135</b> <input checked="" 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
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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: Francisco David Solis DATE 05/21/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR