

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90059 035 \*\*\*150.00

DOCUMENT # P06000095587



1. Entity Name  
DJ DAVO PRODUCTIONS, INC.

Principal Place of Business

955 NW 82 AVE #217  
MIAMI, FL 33126

Mailing Address

955 NW 82 AVE #217  
MIAMI, FL 33126

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

8025 NW 85T

3. Mailing Address

8025 NW 85T

Suite, Apt. #, etc. 9.

Suite, Apt. #, etc. 9.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

03162007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-526885?

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, SAMUEL  
955 NW 82 AVE #217  
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

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

8025 NW 85T #5

City

MIAMI

FL

Zip Code

33126

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 DP ☐ Delete  
NAME ALBORNOZ, SAMUEL  
STREET ADDRESS 955 NW 82 AVE #217  
CITY-ST-ZIP MIAMI, FL 33126

TITLE DVP ☐ Delete  
NAME ORIHUELA, DAVID  
STREET ADDRESS 955 NW 82 AVE #217  
CITY-ST-ZIP MIAMI, FL 33126

TITLE DS ☐ Delete  
NAME DE LEON, ELIZABETH  
STREET ADDRESS 955 NW 82 AVE #217  
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

(305) 262-0729

Date

Daytime Phone #