

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097846

Entity Name: D.A.INC.CUSTOM HOME CARE

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

22240 SW 112 AVE.
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

22240 SW 112 AVE.
MIAMI, FL 33170

New Mailing Address:

FEI Number: 06-1790745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADSIDE, DEREK
22240 SW 112 AVE.
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: ADSIDE, DEREK
Address: 22240 SW 112 AVE.
City-St-Zip: MIAMI, FL 33170

Title: VD () Delete
Name: ADSIDE, LAZARUS
Address: 22240 SW 112 AVE.
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HENLEY, SHERELL
Address: 22240 SW 112 AVE.
City-St-Zip: MIAMI, FL 33170

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEREK ADSIDE

PDST

09/05/2007

Electronic Signature of Signing Officer or Director

Date