

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000124972

1. Entity Name
DAVILA ENTERPRISES, INC.



Principal Place of Business
1015 MADRID
CORAL GABLES, FL 33134

Mailing Address
1015 MADRID
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

CHK # 1273
FILED
7/14/08 08:00 AM
Secretary of State
7/14/8



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5631633

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVILA, JULIO
1015 MADRID
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 name and title of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVILA, JOEL
STREET ADDRESS	1015 MADRID
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	DAVILA, JEMEL
STREET ADDRESS	1015 MADRID
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	STD
NAME	DAVILA, JULIO
STREET ADDRESS	1015 MADRID
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000355206
07/16/08-80006-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #