

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000057433

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: DARK STRIDE ENTERPRISES, INC.

## Current Principal Place of Business:

9369 SHERIDAN STREET  
#715  
COOPER CITY, FL 33024

## Current Mailing Address:

9369 SHERIDAN STREET  
#715  
COOPER CITY, FL 33024

FEI Number: 26-0155834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

5722 SOUTH FLAMINGO ROAD  
#715  
COOPER CITY, FL 33330 32

## New Mailing Address:

5722 SOUTH FLAMINGO ROAD  
#715  
COOPER CITY, FL 33330 32

## Name and Address of Current Registered Agent:

SCHAPIRA, KAREN B  
200 SE FIRST STREET  
SUITE 705  
MIAMI, FL 33131 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: P ( ) Delete  
Name: HARRISON, ARI B  
Address: 9369 SHERIDAN STREET  
City-St-Zip: COOPER CITY, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HARRISON, ARI B  
Address: 5722 SOUTH FLAMINGO ROAD SUIT # 715  
City-St-Zip: COOPER CITY, FL 33330 32

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: ARI BEN HARRISON

OWNE

07/10/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date