## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # P07000069554  1. Entity Name DAKAR CANDLES CORP.					01-14-2008 90092 028 ***150.00				
Principal Place of Business Mailing Address					1				
9010 NW 106TH ST MEDLEY, FL 33178		9010 NW 106TH ST MEDLEY, FL 33178			Biri farşı seni fenil belir	I BRIIB BISID SPIDS	DILGA BUKU BABI	<b>51</b> 1    1 <b>61</b> 1	
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt, #, etc.			01102008	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Number	68.0653		Not	plied For Applicable
Zip	Country	Zip	Count	try	<u> </u>	f Status Desired	Fe-	3.75 Addi e Required	
6. Name and Address of Current Registered Agent				Name	7. Name and A	Address of New Re	egistered Age	ent _	
DOVER, KARINA 1301 ST TROPEZ CR UNIT 2110				Street Address (P.O. Box Number is Not Acceptable)					
WESTON, FL 33326				_ <del></del>		, <u>-</u> .			
				City	FL Zip Code				
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, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be ded to Fees				•
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				ų.				] Change	☐ Addition
TITLE	WESTON, FL 33326 CITY V Delete TITL			<del></del>				Change	☐ Addition
NAME STREET ADDRESS City-St-ZIP	DOVER, KARINA 1301 ST. TROPEZ CR UNIT 2110		NAMI STRE	1			_	_ Change	E AUGUSTI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, A			i				] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	endify that the information cumplied with	Delete	CITY	E EET ADDRESS -ST-ZIP	ad in Chapter 110	Elorido Statutos I		Change	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:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-08 Date (305) 863.4242 Daylime Phone !