

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**
Apr 28, 2008 8:00 am
Secretary of State

03-31-2008 90010 042 ***150.00

DOCUMENT # P07000109974 1. Entity Name DAVINA INVESTMENTS, INC.					
Principal Place of Business 3850 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34758			Mailing Address 3850 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34758		
2. Principal Place of Business - No P.O. Box # 3850 S. ORANGE BLOSSOM TRAIL		3. Mailing Address 3850 S. ORANGE BLOSSOM TRAIL			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State KISSIMMEE FLORIDA		City & State KISSIMMEE FLORIDA		4. FEI Number 261201883	
Zip 34746		Country OSCEOLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAJESHWAR, CHANDROWTIE 3850 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34758			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS TAJESHWAR, CHANDROWTIE 3850 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34758		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Chandrowtie Tajeshwar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-24-08 407-348-2400 <small>Date Daytime Phone</small>		

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