2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90069 019 ***150.00

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1. Entity Name
DAVOS FINANCIAL CORP.

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DRIVE 2104 MIAMI, FL 33131 US	1001 BRICKELL BAY DRIVE 2104 MIAMI, FL 33131 US

60010908

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 3104		Suite, Apt. #, etc. 3104	
City & State		City & State	
Zip	Country	Zip	Country

01132006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0399063
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSIO, DAVID 1001 BRICKEL BAY DR. #3104 MIAMI, FL 33131	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 ____________________
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PS OSIO, DAVID J. 1001 S. BAYSHORE DR. #3104 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOTILLO, ANDRES O 1001 S. BAYSHORE DR. #3104 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: X DAVID J. OSIO, PRES. 01/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 600109088
#P930001688 3

ANGEL D. CORDOVA & CO. ACCOUNTANTS

780 N.W. 42 AVENUE (LeJEUNE ROAD) SUITE 416
MIAMI, FLORIDA 33126-5536

TELEPHONE:
(305) 444-5511
FAX (305) 445-5105

1/27/06
FECHA

INSTRUCCIONES

✓ GENERALES
✓ DE PAGO
✓ PARA ENVIAR

IMPUESTOS DE:

____ NOMINA	____ VENTAS
✓ REPORTE ANNUAL – 2006	____ 1040
____ TANGIBLE PERS. PROP.	____ INTANGIBLE
____ CORPORACION	____ OTROS
____ W-2 & W-3	____ 1099 & 1096

✓ HACER UN CHEQUE O MONEY ORDER POR $ 150 00
A LA ORDEN DE: Department of State
____ CANTIDAD QUE LE **DEVOLVERA** EL IRS $_____
✓ FIRMAR Y FECHAR LA **FORMA** ADJUNTA DONDE SE INDICA **"X"**
____ FIRMAR LA **CARTA** ADJUNTA AL FINAL DEL INTANGIBLE TAX
____ PAGAR EN SU BANCO CON CUPON Y CHEQUE
✓ ENVIAR EN EL SOBRE ADJUNTO
____ LA FORMA MARCADA **"COPY"** ES PARA SUS ARCHIVOS
✓ ESCRIBA SU NUMERO DE IDENTIFICACION EN EL CHEQUE Y UBR-2006
✓ PAGA/ENVIAR ANTES DE: 3/31/06
____ FORMA S W-2 (COPIA) Y 1099: ENTREGARLAS A SUS EMPLEADOS
____ FORMA W-3 Y W-2 ORGINAL: ENVIARLAS JUNTAS EN EL SOBRE INCLUIDO
____ FORMA 1096: ENVIARLA AL I.R.S. EN EL SOBRE ADJUNTO

SI TIENE ALGUNA PREGUNTA POR FAVOR LLAMAR A LA OFICINA ANTES DE ENVIAR LA FORMA.