FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 30, 2002 8:00 am Secretary of State **DOCUMENT#** P95000039743 1. Entity Name 07-30-2002 90378 006 ***150.00 D.A.A. ENTERPRISES, INC. Principal Place of Business Mailing Address 6043 KIMBERLY BLVD. 6043 KIMBEHLY BLVD. SUITE T NO. LAUDERDALE FL 33068 LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0584690 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBERTSON, DAVID Street Address (P.O. Box Number is Not Acceptable) 6043 KIMBERLY BLVD. SUITE T NO. LAUDERDALE FL 33068 City 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-\$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750,00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME ALBERTSON, DAVID NAME STREET ADDRESS 7907 NW 19TH STREET STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7/P TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Maria Landina ☐ Delete ☐ Change Addition TEST AND STATE OF THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:





ALBERTSON PAINTING

6043 Kimberly Blvd., Suite T North Lauderdale, FL 33068

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DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

PLEASE NOTE;

I mailed my renewal form in to pay my annual fee of 150.00 in march of 2002. Now on on July 20th I received a notice to pay 550.00 for non renewal please be advised that somewhere between your office and mine I am told that you never received my mailed application sent out in March. I was told over the phone to please respond in writing and let you know the problem and hopefully you will accept my application for the original fee of 150.00. I have moved my office to my home and maybe somehow the mail was lost or rerouted, in any case please accept this application with the new address which is the same as my home address as stated in the renewal form on line—# 11. (which is now my home and office)

THANK YOU FOR UNDERSTANDING MY PROBLEM

DAVID ALBERTSON

D.A.A. ENTERPRISES INC.

DATED JULY 26, 2002