

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90120 001 *****8.75
 05-09-2007 90120 002 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000058341	
1. Entity Name DAB ENTERPRISES OF CENTRAL FLORIDA, INC	

Principal Place of Business 1003 FOXDALE PL VALRICO, FL 33594	Mailing Address 1003 FOXDALE PL VALRICO, FL 33594
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00010103



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3324464	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUTAIA, ROBERT M 1003 FOXDALE PL VALRICO, FL 33594	
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**DO NOT WRITE
 IN THIS SPACE**

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.

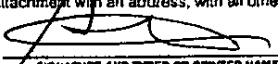
SIGNATURE _____ (NOTE: Registered Agent signature required when re-designating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CUTAIA, ROBERT M 1003 FOXDALE PL VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MCUTAIA, ROBERT 1003 FOXDALE DR VALRICO, FL 33594
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**DO NOT WRITE
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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:  Robert M. Cutaiia 4/25/07 813 7547106
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #