2007 FOR PROFIT CORPORATION ANNUAL REPORT

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May 09, 2007 8:00 am
Secretary of State
05-09-2007 90120 001 *****8.75
05-09-2007 90120 002 ***150.00

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1. Entity Name
DAB ENTERPRISES OF CENTRAL FLORIDA, INC

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

DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CUTAIA, ROBERT M
STREET ADDRESS	1003 FOXDALE PL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	SV
NAME	MCUTAIA, ROBERT
STREET ADDRESS	1003 FOXDALE DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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. Cutaia 4/25/07 813 7547106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #