

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

150.00

**FILED**

2006 APR 24 AM 7:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0650024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LISS, RICHARD  
% DAYCO HOLDING CORP  
848 BRICKELL AVE., SUITE 810  
MIAMI, FL 33131

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP D'AGOSTINO, FRANCO 848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMAR, LUIS 848 BRICKELL AVE, 810 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800073452858  
05/01/06--01032--014 \*\*850.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ 4/21/06 305 377 8333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #