

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000070670

1. Entity Name
DISCOVERY DAWN, INC.



Principal Place of Business

**1775 NW 70TH AVE
MIAMI, FL 33126**

Mailing Address

**1775 NW 70TH AVE
MIAMI, FL 33126 US**



04272006 No Chg P CR2E034 (11/05)

4. FCI Number **65-0695425** Applied 1 or
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARRERAS, RAFAEL
1775 NW 70TH AVE
MIAMI, FL 33126**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ORDONEZ, RAFAEL A
1775 NW 70TH AVE
MIAMI, FL 33136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CARRERAS, RAFAEL
1850 ELLER DR
PORT EVERGLADES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/20/06-80090-015 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 (305) 592-8790
Date Daytime Phone #