


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90070 029 \*\*\*150.00

<b>DOCUMENT # P97000011710</b> 1. Entity Name <b>DAVI PLAZA, INC.</b>					
Principal Place of Business <b>4725 33RD STREET DAVI, ROSARIO BRADENTON, FL 34207 US</b>			Mailing Address <b>4725 33RD STREET BRADENTON, FL 34207</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>65-0725753</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02252005      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <b>DAVI, TERESA L. 3113 48TH AVE. DRIVE WEST BRADENTON, FL 34207</b> </div> <div style="flex: 1; border: 1px solid black; padding: 5px; margin-left: 10px;"> <i>change address</i>  <b>ROSARIO DAVI 47-25 33 ST W Bradenton Fl 34207</b> </div> </div>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DAVI, ROSARIO 4725 33RD ST. BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DAVI, THOMAS A 3113 48TH AVE. DRIVE WEST BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD VALENTI, PHYLLIS 4725 33RD ST. BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Rosario Davi</i> <b>PRER.</b>			<b>2/25/05</b> <b>941758552</b> <small>Date Daytime Phone #</small>		