2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 27, 2008 08:00 Al Secretary of State DOCUMENT # P97000011710 1. Entity Name DAVI PŁAZA, INC. Principal Place of Business Mailing Address 58-15 15 ST E 58-15 15 ST E **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0725753 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVI, ROSARIO Street Address (P.O. Box Number is Not Acceptable) 47-25 33 ST W **BRADENTON FL 34207** Zin 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 gistered agent. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D TITLE ☐ Delete Change Addition TITLE U00000872266 04/10/08-80024-020 150.00 NAME DAVI, ROSARIO NAME STREET ADDRESS 4725 33RD ST. STREET ADDRESS BRADENTON FL 34207 CITY-ST-7IP CITY-ST-ZIP V/D TITLE ☐ Derete Change ☐ Addition NAME DAVI, THOMAS A MAME STREET ADDRESS 3113 48TH AVE. DRIVE WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CiTY-ST-ZIP TITLE ☐ Delete Change Addition NAME VALENTI, PHYLLIS HAME STREET ADDRESS 4725 33RD ST. STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34207 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change : ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ПТ ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

3-25-08

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if changed, or on an attachment with an address, with