

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90161 008 ***150.00

DOCUMENT # P97000020078 1. Entity Name BRUCE DAVIS ENTERPRISES, INC.																															
Principal Place of Business 18358 NE 23RD COURT MIAMI, FL 33160		Mailing Address 18358 NE 23RD COURT MIAMI, FL 33160 US																													
2. Principal Place of Business 7000 Island Blvd PH 3 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7000 ISLAND BLVD PH 3 <small>Suite, Apt. #, etc.</small>																													
City & State AVENTURA, FL <small>City, State</small>		City & State AVENTURA, FL <small>City, State</small>																													
Zip 33160 MIAMI DADE <small>Country</small>		Zip 33160 MIAMI DADE <small>Country</small>																													
4. FEI Number 13-3949490		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent DAVIS, BRUCE 18358 NE 23RD CT MIAMI, FL 33160		7. Name and Address of New Registered Agent Name DAVIS, BRUCE Street Address (P.O. Box Number is Not Acceptable) 7000 ISLAND BLVD, PH 3 City AVENTURA FL Zip Code 33160																													
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 <u>BRUCE DAVIS, PRESIDENT, 4/27/06</u> DATE <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> D DAVIS, BRUCE T 25 WEST 10 ST. NEW YORK, NY 10011 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, BRUCE T 25 WEST 10 ST. NEW YORK, NY 10011 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> OP. DAVIS, BRUCE 7000 ISLAND BLVD, PH 3 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	OP. DAVIS, BRUCE 7000 ISLAND BLVD, PH 3 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <u>BRUCE DAVIS 4/27/06 305-932-4648</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															