

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000035149

**1. Entity Name
DAMUJI SERVICES, INC.**



**Principal Place of Business
8548 SW 8TH STREET
MIAMI, FL 33144 US**

**Mailing Address
8548 SW 8TH STREET
207
MIAMI, FL 33144 US**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0745460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE LA PRIDA, MARIA C
8458 SW 8TH STREET
MIAMI, FL 33144**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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**

**11000000536367
05/08/06-80114-005 150.00**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME DE LA PRIDA, MARIA C
STREET ADDRESS 8548 SW 8TH ST
CITY-ST-ZIP MIAMI, FL 33144**

**TITLE VD
NAME ORJALES, LOURDES V
STREET ADDRESS 8548 SW 8 STREET
CITY-ST-ZIP MIAMI, FL 33144**

**TITLE STD
NAME BERMUDEZ, MARIA E
STREET ADDRESS 8548 SW 8 STREET
CITY-ST-ZIP MIAMI, FL 33144**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Maria C De La Prida
President**

Date

Daytime Phone #

04/24/2006 305-260-0991