


2007 FOR PROFIT CORPORATION  
ANNUAL REPORTFILED  
Feb 09, 2007 08:00 AM  
Secretary of State

DOCUMENT # P98000047764 1. Entity Name DAVE & DAN INC.	
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Principal Place of Business 2501 SOUTH PARK LANE HALLANDALE, FL 33009	Mailing Address 2501 SOUTH PARK LANE HALLANDALE, FL 33009
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01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0848317	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KAHN, DONALD J 317 71ST ST. MIAMI, FL 33141	DO NOT WRITE IN THIS SPACE
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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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, LEON 2501 SOUTH PARK LANE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PEREZ, CAROLE 2501 SOUTH PARK LANE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, DANIEL 2501 SOUTH PARK LANE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000630107  
02/19/07-80027-022 150.00DO 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 118, 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

2/7/07

Daytime Phone #

952410246