

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056865

Entity Name: DADI PROPERTIES, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

18671 COLLINS AVENUE
UNIT 1404
N. MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18671 COLLINS AVENUE
UNIT 1404
N. MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0985942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASERSTEIN, RICHARD ESQ.
913 NORMANDY DRIVE
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WASSERMAN SAYE, PERLA
Address: 18671 COLLINS AVENUE UNIT 1404
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: VPD () Delete
Name: SAYE, RUBEN
Address: 18671 COLLINS AVENUE UNIT 1404
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: TD () Delete
Name: SAYE, JOSE
Address: 18671 COLLINS AVENUE UNIT 1404
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: SD () Delete
Name: SAYE, JUDITH
Address: 18671 COLLINS AVENUE UNIT 1404
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: SD () Delete
Name: SAYE, JANETTE
Address: 18671 COLLINS AVENUE UNIT 1404
City-St-Zip: N. MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERLA DE SAYE

PSD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date