2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P99000056865

Entity Name: DADI PROPERTIES, INC.

Current Principal Place of Business:

18671 COLLINS AVENUE
UNIT 1404
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18671 COLLINS AVENUE
UNIT 1404
SUNNY ISLES 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:

DE SAYE, PERLA
18671 COLLINS AVE
1404
SUNNY ISLES, FL 33160 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:	SUNNY ISLES BEACH, FL 33160	
Title:	VPD	( ) Delete
Name:	SAYE, RUBEN	
Address:	18671 COLLINS AVENUE UNIT 1404	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	TD	( ) Delete
Name:	SAYE, JOSE	
Address:	18671 COLLINS AVENUE UNIT 1404	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	SD	( ) Delete
Name:	SAYE, JUDITH	
Address:	18671 COLLINS AVENUE UNIT 1404	
City-St-Zip:	SUNNY ISLES BEACH, FL 33160	
Title:	SD	( ) Delete
Name:	SAYE, JANETTE	
Address:	18671 COLLINS AVENUE UNIT 1404	
City-St-Zip:	SUNNY ISLES 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 exemption stated 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 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 WASSERMAN DE SAYE MRS 04/21/2009

Electronic Signature of Signing Officer or Director — Date