FILED Apr 16, 2003 8:00 am Secretary of State

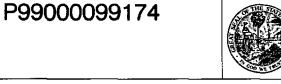
04-16-2003 90215 020 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

D.A.A.	CORP	ORA	NOITA
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Mailing Address Principal Place of Business 4880 STACK BLVD P.O. BOX 033836 E3 + E4 INDIALANTIC FL 32903 MELBOURNE FL 32901

								AL 1884 1111 1184	
2. Principal F	ipal Place of Business 3. Mailing Address							HI 13011 BIDI IBBI	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.		, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State City & Sta		State		4. FEI Number 65-0959858		├	Applied For Not Applicable		
Zip	Country	ry Zip		Country	5. (5. Certificate of Status Desired S8.75 Addition Fee Required		dditional	
6. Name and Address of Current Registered Agent			l Agent		7. Name and Address of New Registered Agent				
			-	Name					
CIRACO, ROXANNA P			·						
430 MOS	SWOOD BLVD			Street Address (P.O. Box Number is Not Acceptable)					
	TIC FL 32903			_					
	THE TE GESS								
				City			FL Zip Co	ode .	
	named entity submits this statement ions of registered agent.							n, and accept	
	Signature, typed or printed name of registered age	ent and title if applic	able. (NOTE: F	Registered Agent signatu	re required when rei	nstating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department	- 1	-	_		Election Campaign Financi Trust Fund Contribution.		.00 May Be ed to Fees	
10.	OFFICERS AN	ID DIRECTOR	S	11.	ADI	DITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11	
TITLE	P		Delete	TITLE			☐ Change	Addition	
NAME	CIRACO, ROXANNA P			NAME					
STREET ADDRESS	430 MOSSWOOD BLVD			STREET ADDRESS	•				
CITY-ST-ZIP	INDIALANTIC FL 32903			City-ST-ZIP					
,TITLE	VPT		☐ Delete	TITLE			Change	Addition	
NAME	CIRACO, DOMINICK A			NAME					
STREET ADDRESS	430 MOSSWOOD BLVD			STREET ADDRESS					
CITY-ST-ZIP	INDIALANTIC FL 32903			CITY-ST-ZIP				·	
TITLE			Delete	TITLE			☐ Change	Addition	
NAME	,			NAME +	2. \$\$ ** + 2. €	* * .	- ·-		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
	·								
TITLE			☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS					
CITY-ST-ZIP	.*			CITY-ST-ZIP					
TITLE			□ Delete	TITLE			☐ Change	Addition	
NAME			□ Delete	NAME			□ Glialige	Audition	
STREET ADDRESS				STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify 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 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 dustree 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 an powered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:)

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Delete

Change

Addition