## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S08515

Entity Name: DAYLIGHT PROPERTIES, INC.

PEREDA, FRANCISCO

102-18 64TH AVENUE APT. 4T

FOREST HILLS, NY 113751564 US

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Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address

City-St-Zip:

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	EEN ANNE LA				•		
Current Mailing Address:				New Mailing Address:			
110-45 QUEENS BLVD APT 801 FOREST HILLS, FL 11375			5	110-45 QUEENS BLVD SUITE 801 FOREST HILLS, FL 11375			
FEI Number:	59-3032765	FEI Number Applied For ( )	FEI Numb	ber Not Appli	cable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MUNOZ, A 2796 44 ST NAPLES, F		US					
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.							
SIGNATUR	RE:						
	Electror	ic Signature of Registered Agen	nt			Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) ARMARIO, LEA 110-45 QUEEN FOREST HILLS	S BLVD #801	N A	Title: Name: Address: City-St-Zip:	ARMARIO, L 102-18 64TH	(X) Change ()Addition EAN P P I AVE. APT. 4T LS, NY 11375 US	
Title: Name: Address: City-St-Zip:	PEREDA, FABI 102-18 64TH A' FOREST HILLS	VE ; NY 11375	N A	Title: Name: Address: City-St-Zip:	PEREDA, FA 110-45 QUE FOREST HIL	ENS BLVD. SUITE 801 LS, NY 11375 US	
Title:	CEO ()	Delete	ı	Title:	CEO	(X) Change ( ) Addition	

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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

PEREDA, FRANCISCO

BAUTISTA, JONATHAN T

RUIZ, DELFINA S

4401 28TH AVE. SW NAPLES, FL 34116 US

SUNNYSIDE, NY 11104 US

CFO

110-45 QUEENS BLVD SUITE 801

47-01 GREENPOINT AVE. APT.141

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( ) Change (X) Addition

FOREST HILLS, NY 11375 US

SIGNATURE: FRANCISCO PEREDA T 01/04/2005