


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # V27739 1. Entity Name DAVIMAEI CORPORATION	
---	---

Principal Place of Business 169 E FLAGLER ST. 1600 MIAMI, FL 33131 US	Mailing Address 169 E FLAGLER ST. 1600 MIAMI, FL 33131 US
---	---

DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0338138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, ELLIOTT 111 SW 3 6 FL MIAMI, FL 33130	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000257219 03/09/05-80044-021 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINDENFELD, JUDITH 169 E FLAGLER 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LINDENFELD, MARTIN 169 E FLAGLER 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LINDENFELD, DANYA 169 E FLAGLER 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDENFELD, ELSA 169 E FLAGLER 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RESSLER, GARY 169 E FLAGLER ST., #1600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Danya Lindenfeld** 3/1/05 305 3743677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #