

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 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



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0338138** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
111 SW 3
6 FL
MIAMI, FL 33130

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000480585
 04/10/06-80048-019 158.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* **Danya Lindenfeld**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06 **305 374 3677**
 Date Daytime Phone #