

AMEND


FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUN 24 PM 12:03

DOCUMENT # **P01000014915**

1. Entity Name
DAISSA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1355 W PALMETTO RD

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 285

City & State
BOCA RATON FL

Zip
33486

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1085159

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
BAKER, RONALD G

Street Address (P.O. Box Number is Not Acceptable)
2655 Le JEUNE RD SUITE 201

City
CORAL GABLES

State
FL

Zip Code
33134

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		700021049367	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRESIDENT CHRIS LARIMORE 1355 W. PALMETTO RD SUITE 285 BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	06/23/03--01009--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER JAMES LARIMORE 1599 SW 16 ST BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(i), Florida Statutes. I further certify that the information indicated on this report is 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES LARIMORE** 6/20/03 561 773 0008

CR2E034B (12/02)