


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 757185 1. Entity Name D. A. R. C. HOUSING, INC.	
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Principal Place of Business 5555 BISCAYNE BLVD MIAMI, FL 33137 US	Mailing Address 935 S.E. 14 STREET HIALEAH, FL 33010 US
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2101518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SLACHTER, DAVID 14830 DADE PINE AVE MIAMI LAKES, FL 33014	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000077963 03/08/04-80008-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KIRSH, WILLIAM D 2535 REGATTA MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SLACHTER, DAVID 14830 DADE PINE AVE. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REED, BEN 1800 SW 84TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SLAZAR, HELEN 6100 SW 84 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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 trustee empowered to execute this report as required by Chapter 617, 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:  **David Slachter** 2/26/04 305 883-8720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #