## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P03000142899 02-13-2006 90009 021 \*\*\*150.00 1. Entity Name DACALU IMPORT & EXPORT INC. Principal Place of Business Mailing Address 60014606 2775 W 12 AVE #9 2775 W 12 AVE #9 HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business 3. Mailing Address P. O. Box 524364 Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Miami. 20-0451311 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Miami-Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTRO, MARIA-D-2775 W 12 AVE #9 Street Address (P.O. Box Number is Not Acceptable) HIALEAH, FL 33010 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME CASTRO, MARIA D STREET ADDRESS 2775 W 12 AVE #9 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

OFFICER OR DIRECTOR

SIGNATURE: \_\_

FILED Feb 13, 2006 8:00 am

02-09-06 gay time 546-3215



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2006

DACALU IMPORT & EXPORT INC. 2775 W 12 AVE #9 HIALEAH, FL 33010

SUBJECT: DACALU IMPORT & EXPORT INC.

Ref. Number: P03000142899

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 406A00008537