


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90107 011 ***150.00

DOCUMENT # P04000148485

1. Entity Name
DAROKEV CORP.



60011500

Principal Place of Business Mailing Address
18859 NW 63 COURT CIRCLE **18859 NW 63 COURT CIRCLE**
MIAMI, FL 33015 **MIAMI, FL 33015**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01252007 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
32-0129879 Not Applicable

5. Certificate of Status Desired **\$9.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLEITAS, MILAGROS
10275 COLLINS AVE
433
BAL HARBOUR, FL 33154

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALTAMIRANO, VICTOR	
STREET ADDRESS	18859 NW 63 COURT CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALAZAR, ELENA	
STREET ADDRESS	18859 NW 63 CT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELENA, SALAZAR	
STREET ADDRESS	18859 NW 63 COURT CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALTAMIRANO, VICTOR	
STREET ADDRESS	18859 NW 63 COURT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: *Victor Altamirano* Date: 02-02-07 Daytime Phone #: 786-487-0159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #