

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87954

Entity Name: D.C. AND SONS, INC.**Current Principal Place of Business:**19355 TURNBERRY WAY
UNIT 11L
AVENTURA, FL 33180**Current Mailing Address:**1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131**FEI Number:** 65-0209611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTILLO, ALVARO BPA
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title P
Name DE CABABIE, CELIA MIZRAHI
Address 19355 TURNBERRY WAY
City-State-Zip: AVENTURA FL 33180

Title VP
Name CABABIE-MIZRAHI, ELIAS
Address 19355 TURNBERRY,UNIT 11L
City-State-Zip: AVENTURA FL 33180

Title VP
Name CABABIE-MIZRAHI, ISAAC
Address 19355 TURNBERRY,UNIT 11L
City-State-Zip: AVENTURA FL 33180

Title VP
Name CABABIE-MIZRAHI, GABRIEL
Address 19355 TURNBERRY,UNIT 11L
City-State-Zip: AVENTURA FL 33180

Title VP
Name CABABIE-MIZRAHI, VICTORIA
Address 19355 TURNBERRY WAY
City-State-Zip: AVENTURA FL 33180

Title VP
Name CABABIE-CABABIE, DAVID
Address 19355 TURNBERRY WAY
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID CABABIE-CABABIE

VP

01/17/2014

Electronic Signature of Signing Officer/Director Detail_____
Date