

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000065993

**Entity Name:** DPI FRANCHISE, INC.

**Current Principal Place of Business:**

400 S. DIXIE HWY.  
MIAMI, FL 33146

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC7934763953**

**Current Mailing Address:**

400 S. DIXIE HWY.  
MIAMI, FL 33146

**FEI Number: 65-0987536**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GORRIN, ALEJANDRA  
6925 NW 52 STREET  
MIAMI, FL 33166 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 D  
Name GORRIN, JUAN  
Address 6925 NW 52 STREET  
City-State-Zip: MIAMI FL 33166

Title D  
Name GORRIN, ALVARO  
Address 400 SOUTH DIXIE HWY  
City-State-Zip: CORAL GABLES FL 33146

Title VPT  
Name MORENO, IGNACIO  
Address 7622 SW 129 PL.  
City-State-Zip: MIAMI FL 33183

Title VPS  
Name GORRIN, ALEJANDRA C  
Address 6925 NW 52 STREET  
City-State-Zip: MIAMI FL 33166

Title D  
Name FINOL, ANDRES  
Address 400 SOUTH DIXIE HWY  
City-State-Zip: CORAL GABLES FL 33146

*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: ALEJANDRA GORRIN**

**VPS**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date