

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90043 030 \*\*\*150.00

**DOCUMENT # 649850**

1. Entity Name  
D'ACCORD, INC.



Principal Place of Business

545 NW 28TH ST  
MIAMI, FL 33127

Mailing Address

545 NW 28TH ST  
MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1954753	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CONTRERAS, RAFAEL JR  
435 CATALONIA AVE.  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CONTRERAS, RAFAEL
STREET ADDRESS	810 ANASTASIA AVE
CITY - ST - ZIP	CORAL GABLES, FL 00000,
TITLE	S
NAME	UTSET, YOLANDA
STREET ADDRESS	810 CATALONIA AVENUE
CITY - ST - ZIP	CORAL GABLES, FL 00000,
TITLE	P
NAME	CONTRERAS, RAFAEL JR
STREET ADDRESS	435 CATALONIA AVE.
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	VT
NAME	GONZALEZ, EVELIO
STREET ADDRESS	10010 SW 3RD ST
CITY - ST - ZIP	MIAMI, FLA 00000,
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/06

305-576-0926