

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

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



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1954753

Applied For

Not Applicable

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

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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, 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 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

000000630822
02/20/07-80021-021 150.00

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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 #