

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 757185
 1. Entity Name
 D. A. R. C. HOUSING, INC.



Principal Place of Business 5555 BISCAYNE BLVD MIAMI, FL 33137 US	Mailing Address 935 S.E. 14 STREET HIALEAH, FL 33070 US
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02242006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2101518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SLACHTER, DAVID
 14830 DADE PINE AVE
 MIAMI LAKES, FL 33074

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRSH, WILLIAM D 2535 REGATTA MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLACHTER, DAVID 14830 DADE PINE AVE. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, BEN 1800 SW 84TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLAZAR, HELEN 6100 SW 84 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000001456414
 03/16/06 00027-023 61.25

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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 617, 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:  **Ben Reed** 2/27/06 305-882-8732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #