

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K31080

1. Entity Name

D. MARLO INC.



FILED

2007 OCT -9 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2nd MOORE

CR2E034 (4/07)

Principal Place of Business
10106 SW 143RD CT.
MIAMI FL 33186

Mailing Address
10106 SW 143RD CT.
MIAMI FL 33186

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0073421

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINGUEZ, AMPARO
10106 SW 143 CT
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Raquel Dominguez*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DOMINGUEZ, AMPARO
STREET ADDRESS 2789 SW 32 CT
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME 400109897924
STREET ADDRESS 09/25/07--01039--006 **550.00
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME DOMINGUEZ, RAUL
STREET ADDRESS 2789 SW 32 CT
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME 400109897924
STREET ADDRESS 10/12/07--01071--013 **200.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 #

9-20-07

10/10/07