

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # M14782

1. Entity Name

D AND M CONSTRUCTION OF DADE COUNTY, INC.



Principal Place of Business

C/O MIGUEL A. GARCIA

17801 NW 80 AVE

HIALEAH, FL 33015 US

Mailing Address

C/O MIGUEL A. GARCIA

17801 NW 80 AVE

HIALEAH, FL 33015 US



01072008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2525502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MIGUEL A.

17801 NW 80 AVE

HIALEAH, FL 33015

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000791827

01/23/08-20081-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, MIGUEL A.
STREET ADDRESS	17801 NW 80TH AVE.
CITY- ST- ZIP	HIALEAH, FL
TITLE	STD
NAME	GARCIA, DANIEL
STREET ADDRESS	816 W 79 PL
CITY- ST- ZIP	HIALEAH, FL
TITLE	V
NAME	GARCIA, JORGE L
STREET ADDRESS	931 W 80 PL
CITY- ST- ZIP	HIALEAH, FL 33014
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 #

1-20-08 (305) 525-9187