

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000631

1. Entity Name
DAPF CONDOMINIUM, INC.



Principal Place of Business

95 S.W. 30TH AVE.
#3
MIAMI, FL 33135

Mailing Address

95 S.W. 30TH AVE.
#3
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE



07262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0485765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEFINA, FREEMAN MRS.
95 S.W. 30TH AVE.
#3
MIAMI, FL 33135

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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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREEMAN, JOSEFINA
STREET ADDRESS	95 SW 30TH AVE #3
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	D
NAME	FREEMAN, FRANCISCO R
STREET ADDRESS	95 SW 30TH AVE. STE #3
CITY - ST - ZIP	MIAMI, FL 33135
TITLE	D
NAME	SASTRE, ALICIA
STREET ADDRESS	95 S.W. 30TH AVENUE, SUITE 6
CITY - ST - ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000170440
08/19/04-80004-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/04 305-649-6136
Date Daytime Phone #