2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000004619

1. Entity Name
DESIGN & PLANNING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
21 SW 33 AVE MIAMI, FL 33135 US	3845 SW 1 STREET MIAMI, FL 33134 US

04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3628660
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ALFREDO
5200 SW 8TH STREET
MIAMI, FL 33134

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000530333
05/05/06 00113-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DE LA ROZA, ROSA A
STREET ADDRESS	3845 SW 1ST
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VP
NAME	PUENTES, RITA C
STREET ADDRESS	21 SW 33 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	S
NAME	PUENTES, ADRIANA C
STREET ADDRESS	21 SW 33 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	T
NAME	PUENTES, LORENZO A
STREET ADDRESS	21 SW 33 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: J Puentes VP 4/16/06 305 447 0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #