


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # P00000033677		
1. Entity Name DALTRA REAL ESTATE SERVICES, INC.		
Principal Place of Business 13680 NW 5 STREET 220 SUNRISE, FL 33325	Mailing Address 13680 NW 5 STREET 220 SUNRISE, FL 33325	



05182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0995837	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOSS, JEREMY A ESQ.
13680 NW 5 STREET
220
SUNRISE, FL 33325

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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

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACOBS, DOUG J
STREET ADDRESS	13680 NW 5 STREET SUITE 220
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	VP
NAME	HIDALGO, PEDRO VP
STREET ADDRESS	13680 NW 5 STREET SUITE 220
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000765046
05/31/07-80024-001 550.00

**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

DOUGLAS J. JACOBS, PRESIDENT

5-18-07

9547342020

Date

Daytime Phone #