2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

1. G

TITLE

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STREET ADDRESS

CITY-ST-ZIP

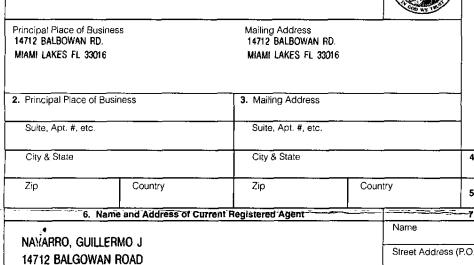
CITY-ST-7IP

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Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90373 014 ***158.75

Entity Name DC INVESTMENTS, INC.				
incipal Place of Business	Mailing Address	<u> </u>		



2. Principal P	ace of Business	3. Mailing Address		T LOONISSON STILL BOOMS WEIGH BOTHL BOOMS BOOMS BOTH BOTHL BOTHL BOTHL BOTHL STILL S	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	······································	CHECK HERE IF MAKING CHANGES	
City & State	3	City & State		no-1010089	ied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additing Fee Required	onai
	6. Name and Address of Currer	it Registered Agent		7. Name and Address of New Registered Agent	
NAYARRO	, GUILLERMO J		Name Street Ad	dress (P.O. Box Number is Not Acceptable)	
	GOWAN ROAD				
MIAMI LAK	KES FL 33016				
			City	FL Zip Code	
		for the purpose of changing its	s registered office or	registered agent, or both, in the State of Florida. I am familiar with, an	d accept
the obligati	ons of registered agent.				
SIGNATURE _	Signature, typed or printed name of registered age	ot and title if applicable /MOT	TE: Registered Agent signatur	re required when reinstating) DATE	
		in and the it applicable. (1101	- Tegistalad Agent signatur	a required which remistancy)	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department			9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to	
10:	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 11
TITLE	D	☐ Delete	TITLE	Change	Addition
NAME	NAVARRO, GUILLERMO 14712 BALBOWAN RD.		NAME		
STREET ADDRESS CITY-ST-ZIP	MIAMI LAKES FL 33016		STREET ADDRESS CITY-ST-ZIP		
TITLE	······································	☐ Delete	TITLÉ	☐ Change	Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE	Change [Addition
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NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change {	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

کا از ال SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR