

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000096546**

1. Entity Name

DLC ENGINEERING SERVICES, INC.



Principal Place of Business

2000 NW 89TH  
MIAMI, FL 33172

Mailing Address

4464 WEST 15TH AVENUE  
HIALEAH, FL 33012



05152006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1062572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, HORACIO  
4464 WEST 15TH AVENUE  
HIALEAH, FL 33012

**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.

100000566818  
06/06/06-80001-017 150.00

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**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DE LA CRUZ, HORACIO  
STREET ADDRESS 4464 WEST 15TH AVENUE  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VD  
NAME BLASCO, HECTOR M  
STREET ADDRESS 945 N.W. 106TH AVE. CIR.  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

(305) 640-0677

Date

Daytime Phone #