

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90369 044 ***158.75

DOCUMENT # P01000082779

1. Entity Name
DMC LATIN AMERICA, INC.



Principal Place of Business
**8810 N.W. 24TH TERR.
MIAMI, FL 33172**

Mailing Address
**100 NORTH BISCAYNE BLVD
SUITE 3000 - NEW WORLD TOWER
MIAMI, FL 33132**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
8810 NW 24 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip

33172

Country

04232008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-1131707

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UPRIMNY, ENRIQUE
7957 S.W. 104TH STREET
APT #B209
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **UPRIMNY, ENRIQUE**
STREET ADDRESS **7957 SW 104TH STREET #B209**
CITY-ST-ZIP **MIAMI, FL 331563687**

TITLE **V** ☒ Delete
NAME **UPRIMNY, MORILLO**
STREET ADDRESS **1918 SW 21ST ST.**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **T** ☒ Delete
NAME **UPRIMNY, AGUIRRE**
STREET ADDRESS **1918 SW 21ST ST.**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **Maria C. Uprimny**
STREET ADDRESS **7957 SW 104th St #B209**
CITY-ST-ZIP **Miami, FL 33156**

TITLE **T** ☐ Change ☒ Addition
NAME **Raul Morillo**
STREET ADDRESS **8810 NW 24 Terr**
CITY-ST-ZIP **Miami, FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

Daytime Phone #

786 245 4457