## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Feb 16, 2007 8:00 am Secretary of State **DOCUMENT # P01000084195** 1. Entity Name 02-16-2007 90038 026 \*\*\*150.00 DZP GROUP, INC. Mailing Address Principal Place of Business 40019251 19161 SENECA AVE 19161 SENECA AVE WESTON, FL 33332 WESTON, FL 33332 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4581 weston Rnad 4581 Weston Road Suite, Apt. #, etc 01292007 Chg-P CR2E034 (12/06) -199 4. FEI Number Applied For 65-1144300 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u>ÚS</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESTEFANO, RODOLFO 14161 SENECA AVE. FORT LAUDERDALE, FL 33332 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 age (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. President PD ☐ Delete TITLE Change Addition TITLE Radolfo Estefano ESTEFANO, RODOLFO NAME NAME 4581 Weston Road, #122 STREET ADDRESS STREET ADDRESS 19161 SENECA AVE Weston, FL 33331 CITY-ST-ZIP WESTON, FL 33332 CITY-ST-ZIP Vice-Peesident VD Change TITLE ☐ Delete TITLE ☐ Addition Juan A. Estefano ESTEFANO, JUAN A NAME 4581 Weston Road, #122 STREET ADDRESS STREET ADDRESS 19161 SENECA AVENUE CITY-ST-ZIP WESTON, FL 33332 CITY-ST-ZIP Weston, FL 33331 ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 emflowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

OR DIRECTOR

changed, or on an attachm

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