

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90275 039 ***150.00

DOCUMENT # P02000038213

1. Entity Name
DAPASAMA CORP.



Principal Place of Business

3850 BIRD RD
MIAMI, FL 33146

Mailing Address

3850 BIRD RD
MIAMI, FL 33146

34045627

2. Principal Place of Business

2665 SW 37TH AVE

Suite, Apt. #, etc.

902

3. Mailing Address

2665 SW 37TH AVE

Suite, Apt. #, etc.

902

04132004

Chg-P

CR2E034 (10/03)



City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

01-0659745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A
780 NW 42 AVE STE 420
MIAMI, FL 33126**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GARCIA, DAVID**
STREET ADDRESS **3850 BIRD RD**
CITY-ST-ZIP **MIAMI, FL 33146**

TITLE **D** ☐ Delete
NAME **GARCIA, SANTIAGO**
STREET ADDRESS **3850 BIRD RD**
CITY-ST-ZIP **MIAMI, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition
NAME **GARCIA, DAVID**
STREET ADDRESS **2665 SW 37TH AVE # 902**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **D** ☒ Change ☐ Addition
NAME **GARCIA, SANTIAGO**
STREET ADDRESS **2665 SW 37TH AVE # 902**
CITY-ST-ZIP **MIAMI, FL 33133**

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 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 an address, with all other like empowered.

SIGNATURE:

David Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04

Date

(305) 4436404

Daytime Phone #