

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90103 029 \*\*\*150.00

DOCUMENT # P02000059350

1. Entity Name

DARWIN & CANALE CORPORATION



Principal Place of Business

~~3440 HOLLYWOOD BLVD STE 360~~  
~~HOLLYWOOD FL 33021~~

Mailing Address

~~3440 HOLLYWOOD BLVD STE 360~~  
~~HOLLYWOOD FL 33021~~

55041411



2. Principal Place of Business

8252 NW 30th Terrace  
Suite, Apt. #, etc.

3. Mailing Address

8252 NW 30th Terrace  
Suite, Apt. #, etc.

4/3/03 2003 029 \$150.00  
☐ CHECK HERE IF MAKING CHANGES

City & State

Miami - Florida

City & State

Miami - Florida

4. FEI Number

74304864P

Applied For

Not Applicable

Zip

33120

Country

USA

Zip

33122

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROUSSE, MARK E  
3440 HOLLYWOOD BLVD STE 360  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Robert L. Larru

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

8252 NW 30th Terrace

City

Miami

FL

Zip Code

33122

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | PD                          | <input type="checkbox"/> Delete |
| NAME           | DA SILVA, MARTINHO A        |                                 |
| STREET ADDRESS | 3440 HOLLYWOOD BLVD STE 360 |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021          |                                 |
| TITLE          | VD                          | <input type="checkbox"/> Delete |
| NAME           | SANTOS, CARMEN O A          |                                 |
| STREET ADDRESS | 3440 HOLLYWOOD BLVD STE 360 |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021          |                                 |
| TITLE          | SD                          | <input type="checkbox"/> Delete |
| NAME           | DOS SANTOS, HUMBERTO A      |                                 |
| STREET ADDRESS | 3440 HOLLYWOOD BLVD STE 360 |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021          |                                 |
| TITLE          | TD                          | <input type="checkbox"/> Delete |
| NAME           | SANTOS, HECTOR O A          |                                 |
| STREET ADDRESS | 3440 HOLLYWOOD BLVD STE 360 |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021          |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 8252 NW 30th. terrace  |  |
| STREET ADDRESS | Miami - FL. 33122      |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 8252 NW 30th. terrace  |  |
| STREET ADDRESS | Miami - FL. 33122      |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 8252 NW 30th. Terrace  |  |
| STREET ADDRESS | Miami - FL. 33122      |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 8252 NW. 30th. Terrace |  |
| STREET ADDRESS | Miami - FL 33122       |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* REMANUEDA SILVA 03/24/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #