

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90496 015 ***150.00

DOCUMENT # P02000099959

1. Entity Name
D.A. PRINTING, INC.



Principal Place of Business
**6073 NW 167 ST BAY C17
MIAMI FL 33015**

Mailing Address
**6073 NW 167 ST BAY C17
MIAMI FL 33015**

2. Principal Place of Business
6187 N.W. 167 ST.

3. Mailing Address
6187 N.W. 167 ST.

Suite, Apt. #, etc.
H-39

Suite, Apt. #, etc.
H-39

City & State
Miami

City & State
Miami

Zip
33015

Country
FL

Zip
33015

Country
FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
13-421674

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLEDA, ALVARO
6073 NW 167 ST BAY C17
MIAMI FL 33015**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VILLEDA, ALVARO**
STREET ADDRESS **6073 NW 167 ST BAY C17**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☐ Change ☒ Addition
NAME **Elizabeth Valladares**
STREET ADDRESS **6187 N.W. 167 st unit H-39**
CITY-ST-ZIP **Miami, FL 33015**

TITLE **D** ☐ Delete
NAME **ANELLO, DAN E**
STREET ADDRESS **6073 NW 167 ST BAY C17**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☐ Change ☒ Addition
NAME **Rebeca Giaguinta**
STREET ADDRESS **6187 N.W. 167 st. unit H-39**
CITY-ST-ZIP **Miami, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-03 (305) 8213060

Date

Daytime Phone #

CR2E034 (10/02)