FILED
Apr 28, 2008 8:00 am
Secretary of State
04-09-2008 90019 038 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009138

1. Entity Name
DARICORP INC.

Principal Place of Business
1001 BRICKELL BAY DR, STE 3112
MIAMI, FL 33131

Mailing Address
1001 BRICKELL BAY DR, STE 3112
MIAMI, FL 33131

66008216

03172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2121 Ponce de Leon Blvd		2121 Ponce de Leon Blvd	
Suite, Apt. #, etc. 330		Suite, Apt. #, etc. 330	
City & State: Coral Gables, FL		City & State: Coral Gables, FL	
Zip: 33134	Country: USA	Zip: 33134	Country: USA

4. FEI Number: 03-0503998 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL PA
2121 PONCE DE ELON BLVD. SUITE 330
CORAL GABLES, FL 33134

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEIS, JAIME 1001 BRICKELL BAY DR, STE 3112 MIAMI, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Michael Ortiz 2121 Ponce de Leon Blvd Smite 330 ~~Coral Gables, FL 33134~~ ☐ Change ☑ Addition
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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: Michael Ortiz Secretary 2/20/08 305 470 5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #