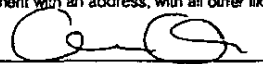


FILED
Apr 28, 2008 8:00 am
Secretary of State

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	
2. Principal Place of Business - No P.O. Box # 2121 Ponce de Leon Blvd		3. Mailing Address 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 LEON 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 _____ (NOTE: Registered Agent signature required when resigning) 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 S NAME STREET ADDRESS CITY-ST-ZIP	Michael Ortiz 2121 Ponce de Leon Blvd Suite 330 Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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		Date 2/20/08 Daytime Phone # 305 476 5270	