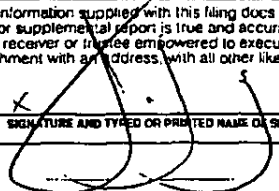


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-17-2004 90038 012 ***150.00

DOCUMENT # P03000034850					
1. Entity Name DAGA GROUP CORP.					
Principal Place of Business 8043 N.W. 67TH STREET MIAMI FL 33160			Mailing Address 8043 N.W. 67TH STREET MIAMI FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2682173	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DURAN, ALFREDO G 2601 SO. BAYSHORE DRIVE SUITE 1400 MIAMI FL 33133				7. Name and Address of Now 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 renouncing) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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. ADDITION IS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	SALCEDO, HERNAN	NAME			
STREET ADDRESS	8043 N.W. 67TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33160	CITY-ST-ZIP	33166		
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	DIOS GOMEZ, JUAN	NAME			
STREET ADDRESS	8043 N.W. 67TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33160	CITY-ST-ZIP	33166		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071 (1)(f), 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: 		Date: 3/13/04		305-477-1210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary		Daytime Phone #	

66409032



MOORE CR2E034 (11/03)