2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

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

03062006 No Chg-P CRZE034 (11/05)

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4. FEI Number
58-2682173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DURAN, ALFREDO G
2601 SO. BAYSHORE DRIVE
SUITE 1400
MIAMI, FL 33133

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALCEDO, HERNAN
STREET ADDRESS	8043 N.W. 67TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	O
NAME	DIOS GOMEZ, JUAN
STREET ADDRESS	8043 N.W. 67TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80046-021 150.00

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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: X _____ 3/15/06 305 477-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #