

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 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**



DO NOT WRITE IN THIS SPACE

02272007 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2682173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$3.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 filing a NO)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SALCEDO, HERNAN
8043 N.W. 67TH STREET
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DIOS GOMEZ, JUAN
8043 N.W. 67TH STREET
MIAMI, FL 33168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000709296
04/24/07-80149-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

JUAN DE DIOS GOMEZ
4/12/07 305 477 1210