

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # P03000042402

1. Entity Name
DARISA, INC.



Principal Place of Business

**C/O WILLIAM H. ALBORNOZ, ESQUIRE
901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134**

Mailing Address

**C/O WILLIAM H. ALBORNOZ, ESQUIRE
901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0072794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALBORNOZ, WILLIAM H ESQUIRE
901 PONCE DE LEON BLVD STE 603
CORAL GABLES, FL 33134**

**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 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**

000000898729

04/28/08-80008-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DE LORENZINI, LORENA VALENTI
STREET ADDRESS	C/O 901 PONCE DE LEON BLVD STE 603
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	DVP
NAME	LORENZINI, RICARDO
STREET ADDRESS	901 PONCE DE LEON BLVD, STE 603
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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 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:

Ricardo Lorenzini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-2008 305-444-174