

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P03000146915

1. Entity Name
D & Y SERVICES OF ORLANDO, INC.



Principal Place of Business
**5924 SAGUNTO ST.
ORLANDO, FL 32807**

Mailing Address
**5924 SAGUNTO ST.
ORLANDO, FL 32807**



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0568961	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUNOZ, DANIEL
5924 SAGUNTO ST.
ORLANDO, FL 32807**

**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 re-registering)

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**

**000000754131
05/22/07-80050-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUNOZ, DANIEL
STREET ADDRESS	5924 SAGUNTO ST.
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	STD
NAME	MUNOZ, YOBANKA
STREET ADDRESS	5924 SAGUNTO ST.
CITY-ST-ZIP	ORLANDO, FL 32807
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel Munoz **Daniel Munoz** **4/25/07**