

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000006654

1. Entity Name
DICARVI INVESTMENT CORP.



Principal Place of Business

1751 SW 24 ST
MIAMI, FL 33145

Mailing Address

1751 SW 24 ST
MIAMI, FL 33145

FILED
Sep 02, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0578507

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REIMONDEZ, JOSE
1751 SW 24 ST
MIAMI, FL 33145

**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)

000000950742

09/02/08-20004-018 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIMONDEZ, JOSE 1751 SW 24 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REIMONDEZ, LILLIAN 1751 SW 24 ST MIAMI, FL 33145
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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: Jose Reimondez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.29.08 (305) 8853958
Date Daytime Phone #