

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90042 007 ***158.75

DOCUMENT # P04000031947					
1. Entity Name DITECA OF MIAMI, INC.				Principal Place of Business 7221 NW 79TH TERR MEDLEY, FL 33166	
Mailing Address 2828 CORAL WAY SUITE 300 MIAMI, FL 33145				2. Principal Place of Business	
3. Mailing Address 7221 N.W. 79 TERRACE				Suite, Apt. #, etc.	
Suite, Apt. #, etc.				City & State Medley, Florida	
City & State		City & State Medley, Florida		4. FEI Number 20-2214118	
Zip 33166		Country U.S.A		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, FAUSTO 2828 CORAL WAY SUITE 300 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name: RAFAEL BARROSO Street Address (P.O. Box Number is Not Acceptable): 7221 N.W. 79 TERRACE City: Medley FL Zip Code: 33166	
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: <u>Rafael Barroso</u> RAFAEL BARROSO DATE: 02-02-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME GARROSO, RAFAEL A STREET ADDRESS 8181 NW 36 ST, SUITE 20C CITY-ST-ZIP DORAL, FL 33166	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME BARROSO, RAFAEL A STREET ADDRESS 7221 N.W. 79 TERRACE CITY-ST-ZIP MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DIRECTOR NAME RODRIGUEZ, MARCOS A STREET ADDRESS 7221 N.W. 79 TERRACE CITY-ST-ZIP Medley FL 33166	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME RODRIGUEZ, MARCOS A STREET ADDRESS 7221 N.W. 79 TERRACE CITY-ST-ZIP Medley FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rafael Barroso</u> RAFAEL A. BARROSO 02-02-06 (345) 403-7692 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					