

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90097 032 ***150.00

DOCUMENT # P04000068292

1. Entity Name
DVFP OF PUERTO RICO, INC.



Principal Place of Business
1951 NW 89 PLACE
MIAMI, FL 33172

Mailing Address
1951 NW 89 PLACE
MIAMI, FL 33172



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1053215

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAPCIUE, ISAAC
1951 NWS 89 PLACE
MIAMI, FL 33172

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME LAPCIVC, ISAAC
STREET ADDRESS 1435 W 28 STREET
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VPS
NAME LAPCIUC, MARCOS
STREET ADDRESS 1725 W 28 STREET
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE CFO
NAME BEDA, SIMON
STREET ADDRESS 4000 ISLAND BLVD, STE 203
CITY-ST-ZIP AVENTURA, FL

TITLE D
NAME LAPCIVUC, ISRAEL
STREET ADDRESS 1753 NORTH VIEW DRIVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

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 #

4-20-06

305-592-8865