

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-P CR2E034 (11/05)

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

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, 2007 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	

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05/01/07-80052-001 150.00

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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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

305-542 8865

Daytime Phone #