

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90047 021 ***150.00

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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

40067906



01072008 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

DO NOT WRITE IN THIS SPACE

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, 2008 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 #