

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90270 014 ***150.00

DOCUMENT # P04000108553	
1. Entity Name DCO INVESTMENT CORP.	

Principal Place of Business 3825 S. LE JEUNA RD COCONUT CREEK, FL 33146	Mailing Address 3825 S. LE JEUNA RD COCONUT CREEK, FL 33146
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2. Principal Place of Business - No P.O. Box # 299 Alhambra Circle Suite, Apt. #, etc. Suite 221 City & State Coral Gables, FL Zip 33134 Country	3. Mailing Address 299 Alhambra Circle Suite, Apt. #, etc. Suite 221 City & State Coral Gables, FL Zip 33134 Country
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6. Name and Address of Current Registered Agent OROSA, DERRICK 3825 S. LE JEUNA RD COCONUT CREEK, FL 33146	
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7. Name and Address of New Registered Agent Name Orosa, Derrick Street Address (P.O. Box Number is Not Acceptable) 299 Alhambra Circle Suite 221 City Coral Gables FL Zip Code 33134	
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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>Derrick Orosa</u> President DATE <u>1/11/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OROSA, DERRICK 10745 SW 55 STREET MIAMI, FL 33165 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTRO, CLAUDIA 10745 SW 55 STREET MIAMI, FL 33165 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Orosa, Derrick 299 Alhambra Circle, Suite 221 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Castro, Claudia 299 Alhambra Circle, Suite 221 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Vanejar, Jorge F 299 Alhambra Circle, Suite 221 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Derrick Orosa</u> DATE <u>1/11/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
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40077813



01092007 Chg-P CR2E034 (12/06)

4. FEI Number
81-0652837
Applied For
Not Applicable

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