2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2006 8:00 am Secretary of State DOCUMENT # P04000147642 04-06-2006 90003 006 ***150.00 1. Entity Name DAPÉ INVESTMENTS, CORP. Principal Place of Business Mailing Address 8955 NW 150TH TERRACE 8955 NW 150TH TERRACE MIAMI: Ft 33018 MIAMI: FL 33018 2. Principal Place of Business 3. Mailing Address ٠JF Ter<u>nace</u> W4 05PB <u>8930 NW</u> Suite, Apt. #, etc 04032006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Howbo 20-1807724 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33018 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YANEZ, DAVID Street Address (P.O. Box Number is Not Acceptable) 8955 NW-160TH TERRACE MIAMI: Ft: 33018 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE 8930 NM 147 Terrace YANEZ, DAVID NAME NAME STREET ADDRESS 8955 NW 150TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33018-CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE ☐ Addition YANEZ, PEDRO NAME NAME 8955 NW 150TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33018 CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition THE Delete TELLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered. 12. I hereby certify that the information supplied with this (liing indicated on this report or supplemental report is true and of the corporation or the feceiver or trustee empowered to changed, or on an attachment with an address, with all other. SIGNATURE:

FILED