

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90042 044 ***150.00

DOCUMENT # P04000148485

1. Entity Name
DAROKEV CORP.



Principal Place of Business
**18859 NW 63 COURT CIRCLE
MIAMI, FL 33015**

Mailing Address
**18859 NW 63 COURT CIRCLE
MIAMI, FL 33015**

DO NOT WRITE IN THIS SPACE



02032008 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0129879

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLEITAS, MILAGROS
10275 COLLINS AVE
433
BAL HARBOUR, FL 33154**

**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 ALTAMIRANO, VICTOR
STREET ADDRESS 18859 NW 63 COURT CIRCLE
CITY-ST-ZIP MIAMI, FL 33015

TITLE VP
NAME SALAZAR, ELENA
STREET ADDRESS 18859 NW 63 CT
CITY-ST-ZIP MIAMI, FL 33015

TITLE S
NAME ELENA, SALAZAR
STREET ADDRESS 18859 NW 63 COURT CIRCLE
CITY-ST-ZIP MIAMI, FL 33015

TITLE T
NAME ALTAMIRANO, VICTOR
STREET ADDRESS 18859 NW 63 COURT
CITY-ST-ZIP MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-17-08