

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90196 022 \*\*\*150.00

<b>DOCUMENT # P05000014242</b> 1. Entity Name <b>D.C. BUSINESS CO.</b>																											
Principal Place of Business <b>2080 NE 167TH STREET, SUITE 17 NORTH MIAMI BEACH, FL 33162</b>		Mailing Address <b>2080 NE 167TH STREET, SUITE 17 NORTH MIAMI BEACH, FL 33162</b>																									
2. Principal Place of Business <b>1400 ST. CHARLES PLACE</b> Suite, Apt. #, etc. <b>A 511</b> City & State <b>PEMBRO PINES</b> Zip <b>33022</b> Country <b>FL</b>		3. Mailing Address <b>1400 ST. CHARLES PLACE</b> Suite, Apt. #, etc. <b>A 511</b> City & State <b>PEMBRO PINES</b> Zip <b>33022</b> Country <b>FL</b>																									
4. FEI Number <b>20-264-7319</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		04212006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent  <b>CARDOZO, DENIS</b> <b>2080 NE 167TH STREET, SUITE 17</b> <b>NORTH MIAMI BEACH, FL 33162</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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><i>Denis Cardozo</i></u> <b>DENIS CARDOZO</b> <u>04-23-06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PVSD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARDOZO, DENIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2080 NE 167TH STREET, SUITE 17</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORTH MIAMI BEACH, FL 33162</td> <td></td> </tr> </table>		TITLE	PVSD	<input checked="" type="checkbox"/> Delete	NAME	CARDOZO, DENIS		STREET ADDRESS	2080 NE 167TH STREET, SUITE 17		CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PVSD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CARDOZO, DENIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1400 ST. CHARLES PLACE SUITE A511</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PEMBRO PINES FL 33022</td> <td></td> </tr> </table>		TITLE	PVSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CARDOZO, DENIS		STREET ADDRESS	1400 ST. CHARLES PLACE SUITE A511		CITY - ST - ZIP	PEMBRO PINES FL 33022	
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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><i>Denis Cardozo</i></u> <b>DENIS CARDOZO</b> <u>04-23-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											