2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 27, 2006 8:00 am
Secretary of State

06-29-2006 90002 046 ***150.00
07-27-2006 90017 007 ***400.00

DOCUMENT # P05000064981

1. Entity Name
DAVID ALARCON ENTERPRISES INC

Principal Place of Business	Mailing Address
7250 ULMERTON ROAD SUITE H (D)? LARGO, FL ~~34641~~ 33771 US	13909 CITRUS POINT DRIVE TAMPA, FL 33625 US

04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7250 Ulmerton Road	
Suite, Apt. #, etc.: Suite H	Suite, Apt. #, etc.:
City & State: Largo FL	City & State:
Zip: 33771 Country: USA	Zip: Country:

4. FEI Number: 20-2775188 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALARCON, DAVID 13909 CITRUS POINT DRIVE TAMPA, FL 33625	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALARCON, DAVID 13909 CITRUS POINT DRIVE TAMPA, FL 33625	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] as President 4/20/06 727-847-3551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #