

Apr. 28, 2006 9:06AM

DFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 020 ***150.00

DOCUMENT # P05000087221					
1. Entity Name D'AGOSTINO DESIGN CORPORATION					
Principal Place of Business 6740 NW 37TH AVE MIAMI, FL 33147 US			Mailing Address 6740 NW 37TH AVE MIAMI, FL 33147 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02212006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-3011401				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAY PEREZ & ASSOCIATES PA 13935 NW 1ST AVE MIAMI, FL 33168			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when replacing) 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 BOF, PABLO L	STREET ADDRESS 6740 NW 37TH AVE CITY- ST- ZIP MIAMI, FL 33147		☐ Delete		
TITLE VP	STREET ADDRESS RUIZ, GUILLERMO E 6740 NW 37TH AVE CITY- ST- ZIP MIAMI, FL 33147		☐ Delete		
TITLE VP	STREET ADDRESS CABANELA, GUSTAVO A 6740 NW 37TH AVE CITY- ST- ZIP MIAMI, FL 33147		☐ Delete		
TITLE SC	STREET ADDRESS MARTIN, ESTEBAN A 6740 NW 37TH AVE CITY- ST- ZIP MIAMI, FL 33147		☐ Delete		
TITLE 	STREET ADDRESS		☐ Delete		
TITLE 	STREET ADDRESS		☐ Delete		
TITLE 	STREET ADDRESS		☐ Delete		
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>Bob Pablo L. Pres</u> <u>2/26/06</u> <u>3057691911</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying Phone #					