


2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 25, 2006 8:00 am
Secretary of State

03-21-2006 90018 033 ***150.00

DOCUMENT # P05000101661 1. Entity Name DARLENY AND ERIC CORP					
Principal Place of Business 4589 AND 4591 NW 7TH STREET MIAMI, FL 33126			Mailing Address 4589 AND 4591 NW 7TH STREET MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03012006 Chg-P CR2E034 (11/05) FEI Number 720-3229291 P05000101661				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SANTOS DE MORALES, MARIA 15247 SW 14 ST. MIAMI, FL 33194	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P SANTOS DE MORALES, MARIA 15247 SW 14 ST. MIAMI, FL 33194 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V CASILLA, DAGOBERTO 15247 SW 14 STREET MIAMI, FL 33194 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Dagoberto Casilla Vice President</i> 03-08-06 (305) 322-2036 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66011809





FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2006

DARLENY AND ERIC CORP
4589 AND 4591 NW 7TH STREET
MIAMI, FL 33126

Subject: **DARLENY AND ERIC CORP**

Reference Number: **P05000101661**

ATTACHMENT
66011809

PLEASE ADD CHECK
FRANCISCO GROUP
TAX ID# 05-0619818
DARLENY AND ERIC CORP
TAX ID# 20-3229291

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION