

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90178 034 ***150.00

DOCUMENT # P05000121021

1. Entity Name
DAKO GROUP, INC.



Principal Place of Business
324 CARIBBEAN ROAD
KEY BISCAYNE, FL 33149 US

Mailing Address
324 CARIBBEAN ROAD
KEY BISCAYNE, FL 33149 US

2. Principal Place of Business - No P.O. Box #
200 ISLAND DR
Suite, Apt. #, etc.

3. Mailing Address
200 ISLAND DR
Suite, Apt. #, etc.

City & State
KEY BISCAYNE FL
Zip 33149 Country USA

City & State
KEY BISCAYNE FL
Zip 33149 Country USA



02242007 Chg-P CR2E034 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DALY, JUAN LUIS
324 CARIBBEAN ROAD
KEY BISCAYNE, FL 33149

ADDRESS
CHANGE

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200 ISLAND DR
City KEY BISCAYNE FL Zip Code 33149

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 D	<input type="checkbox"/> Delete
NAME	DALY, JUAN LUIS	
STREET ADDRESS	324 CARIBBEAN ROAD	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	T D	<input type="checkbox"/> Delete
NAME	KOETZLE, ALEX	
STREET ADDRESS	324 CARIBBEAN ROAD	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	S D	<input type="checkbox"/> Delete
NAME	DALY, TERESA	
STREET ADDRESS	324 CARIBBEAN ROAD	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 ISLAND DR	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 ISLAND DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 ISLAND DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/15/07 Daytime Phone #: 305 3610984