2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04 20 2007 90198 029 ***150 00

DOCUMENT # P05000157201 1. Entity Name DINARAGA GROUP, INC						04-20-2007 90198 029 ***150.00			
Principal Plac	e of Business	Mailing Address					50004	۸ ۵ ۵	
20095 SOUTH DIXIE HWY MIAMI, FL 33189 US		20095 SOUTH DIXIE HWY MIAMI, FL 33189 US				500013	396		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102007	Chg-P	CR2E034 (12/06)			
City & State		City & State		4. FEI Number 20-3916		 	pplied For ot Applicable		
Zıp	Country	Zip	p Coun		5. Certificate of	f Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New R	egistered Agent		
ANGEL, DIANA P				Name					
20095 SOUTH DIXIE HWY MIAMI, FL 33189			Streel Address (P.O. Box Number is Not Acceptable)						
				City			FL Zip Coo	ie	
8. The above the obligat	named entity submits this statement for ions of registered agent	or the purpose of changing it	ts registere	 ed office or regi	istered agent, or both	, in the State of Flo	(, and accept	
	Signature, typed or printed rights of registered agen	and title if applicable (NC	TE Registere	d Agent si g nature rec	quired when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Efection Camp Trust Fund Cor		ncing :	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTOR	IS IN 11	
THILE	PD	☐ Delete Tife		:			☐ Change	Modified Addition	
NAME STREET ADDRESS CITY+ST-ZIP	20095 SOUTH DIXIE HWY			ET ADDRESS - S1-ZIP					
MIT	☐ Deleis IIII.					Change	Addition		
NAME	NAN		I						
STREET ADDRESS			SIRE	ET ADDRESS					
CITY -51 - ZIP			CITY	-ST-ZIP					
IIILE			TITLE	I			☐ Change	Addition	
NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE	:			Change	Addition	
NAME		55.515	NAME	I					
STREET ADDRESS				et adoress					
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE NAME		Delete	TITLE	I			☐ Change	Addition	
STREET ADDRESS			NAM(ET ADDRESS					
CHY-S1-ZIP				ST-ZIP					
TITLE		☐ Delete	TIFLE				Change	Addition	
NAME		Denote	NAME	1			— comige	Available	
STREET ADDRESS			STREE	ET ADORESS					
CITY-\$T-ZIP				-ST-ZIP					
12. I hereby o	ertify that the information supplied with	this filing does not qualify t	for the exe	emptions contai	ined in Chapter 119,	Florida Statutes, I :	further certify that the i	nformation	

indicated on this report or supplies which this limity 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:

Pet 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #