

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100221

Entity Name: DARSTECAL, INC.

FILED
Jan 25, 2009
Secretary of State

Current Principal Place of Business:

3252 FOXCRAFT RD UNIT 101
MIRAMAR, FL 33025

New Principal Place of Business:

10031 PINES BLVD #219
PEMBROKE PINES, FL 33024

Current Mailing Address:

9030 SOUTHERN ORCHARD RD S
DAVIE, FL 33328

New Mailing Address:

FEI Number: 20-5303216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDE, DAVID
9030 SOUTHERN ORCHARD RD S
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILDE, DAVID
Address: 9030 SOUTHERN ORCHARD RD S
City-St-Zip: DAVIE, FL 33328

Title: D (X) Delete
Name: GARCIA, BRENDA
Address: 3252 FOXCRAFT RD UNIT 101
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WILDE

D

01/25/2009

Electronic Signature of Signing Officer or Director

Date