

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000105825

1. Entity Name
DRTP CORPORATION, INC.



Principal Place of Business
10714 NW 11TH STREET
PEMBROKE PINES, FL 33026

Mailing Address
10714 NW 11TH STREET
PEMBROKE PINES, FL 33026



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0597353

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GENTILE, JOHN D
1601 N. PALM AVENUE
SUITE 212
PEMBROKE PINES, FL 33026

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | VD |
| NAME | HERNANDEZ, DAVID |
| STREET ADDRESS | 1560 NE 127TH STREET #201 |
| CITY-ST-ZIP | MIAMI, FL 33161 |
| TITLE | SD |
| NAME | HERNANDEZ, TERESA |
| STREET ADDRESS | 4540 SW 152ND AVENUE |
| CITY-ST-ZIP | MIRAMAR, FL 33027 |
| TITLE | PD |
| NAME | HERNANDEZ, ROLANDO |
| STREET ADDRESS | 10714 NW 11TH STREET |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 |
| TITLE | TD |
| NAME | GUILLEN, PABLO |
| STREET ADDRESS | 7012 NW 179TH STREET #211 |
| CITY-ST-ZIP | HIALEAH, FL 33015 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Rolando Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08
Date

954-663-9079
Daytime Phone #