

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000017649

Entity Name: DCP GROUP INC.

FILED
Jul 15, 2009
Secretary of State

Current Principal Place of Business:

1107 ALHAMBRA CIR
CORAGABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1107 ALHAMBRA CIR
CORAGABLES, FL 33134

New Mailing Address:

FEI Number: 66-0539080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARA, SOSA
9082 SW GRANCANAL DRIVE
MIAMI, FL 33158 US

Name and Address of New Registered Agent:

ARACELIS, FUENTES OFFICER
9082 SW GRANCANAL DRIVE
MIAMI, FL 33158 US

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: ARACELIS FUENTES

07/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIOS, DEDRICK
Address: PMB 120 1357 ASHFORD AVE
City-St-Zip: SAN JUAN, PR, PR 00907

Title: S () Delete
Name: ANGEL, PEREZ
Address: PMB 120 1357 ASHFORD AVE
City-St-Zip: SAN JUAN, PR 00907

Title: T () Delete
Name: VIRGINIA, SOSA
Address: PMB 120 1357 ASHFORD AVE
City-St-Zip: SAN JUAN, PR 00907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SOSA, FERNANDO A
Address: PASEO DEL PARQUE JA9 GARDEN HILLS
City-St-Zip: GUAYNABO, PR 00966

Title: T (X) Change () Addition
Name: VIRGINIA, SOSA
Address: 1107 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

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: DEDRICK RIOS

P

07/15/2009

Electronic Signature of Signing Officer or Director

Date