

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

11 MAY 18 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08000059397**

1. Entity Name
DC Direct Territorial Supplies Inc



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2. Principal Place of Business - No P.O. Box #
8004 NW 154 Street
Suite, Apt. #, etc.
Suite 204
City & State
Miami Lakes, FL

3. Mailing Address
8004 NW 154 Street
Suite, Apt. #, etc.
Suite 204
City & State
Miami Lakes, FL

Zip
33016 Country
USA

Zip
33016 Country
USA

CR2E034B (1/11)

4. FEI Number
90-0394621

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Eduardo E Dieppa III

Street Address (P.O. Box Number is Not Acceptable)
2095 W. 76th Street

City
Hialeah FL Zip Code
33016

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 re-instating) DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

E-mail Address:
J.C.Pastrana@hotmail.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

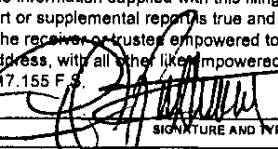
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V Juan Carlos Pastrana 8004 NW 154 St. Suite 204 Miami Lakes FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Lauren Granado Pastrana 8004 NW 154 St. Suite 204 Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexander H. Robinson 6305 SW 92 Ave. Miami, FL 33173
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Handwritten initials: JCP

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 reports 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE:  **JUAN C. PASTRANA** 5/9/2011 (305)343-1745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #