

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
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DOCUMENT # P10000058327

1. Entity Name

Development in Motion Co



FILED

11 JUN -6 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

1480 NW 94 Ave

3. Mailing Address

1480 NW 94 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State  
Plantation

City & State  
Plantation FL

4. FEI Number  
273 342 261

Applied For  
Not Applicable

Zip

Country

33322

Zip

Country

FL 33322

US

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

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7. Name and Address of Current Registered Agent

Name Spiegel & Utera PA

Street Address (P.O. Box Number is Not Acceptable)

1640 SW 2nd St

4th Floor

City Miami

FL

Zip Code

33145

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 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:

accounting@dimasch.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Henry Vargas 1480 NW 94 Ave Plantation FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD Tyra Sina 1480 NW 94 Ave Plantation FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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:

Henry Vargas

5/20/11 954 401-6861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #