

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000104348

Entity Name: DCLR, INC.

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

480 SW RYDER RD  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3340 SE FEDERAL HWY PMB 209  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 45-4023634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RENE VELAZQUEZ, CPA, PA  
100 N BISCAYNE BLVD SUITE 2800  
MIAMI, FL 33132 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CURTO, DAVID C  
Address: 480 SW RYDER RD  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: COPS  
Name: ROGERS, LEAH M  
Address: 480 SW RYDER RD  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: LEAH M ROGERS

COPS

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date