

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90074 046 ***150.00

DOCUMENT # P93000050812

1. Entity Name
D.O.P. INVESTMENTS, INC.



Principal Place of Business
8360 W OAKLAND PARK BLVD
201
SUNRISE, FL 33351 US

Mailing Address
8360 W OAKLAND PARK BLVD
201
SUNRISE, FL 33351 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

901000



04092007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0435181

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MREJEN, ARIE
8360 WEST OAKLAND PARK BLVD.
SUITE 307
SUNRISE, FL 33351

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KADOCH, DAVID			NAME	MICHAEL KADOCH		
STREET ADDRESS	1250 NW 124TH AVENUE			STREET ADDRESS	1150 NW FLAMINGO ROAD		
CITY-ST-ZIP	PLANTATION, FL			CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		
TITLE	DT	<input type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZOUR, ISRAEL			NAME	SHEILA KADOCH		
STREET ADDRESS	12700 N. BISCAYNE BLVD, #202			STREET ADDRESS	1150 NW 124TH AVE		
CITY-ST-ZIP	NORTH MIAMI, FL			CITY-ST-ZIP	PLANTATION, FL 33323		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TIROSH, ZIV			NAME	OSWALDO PIROL		
STREET ADDRESS	25 BEN YOSSEF ST.			STREET ADDRESS	RUA NELSON VILENANI, 900 CONDOMINIO RESIDENCIAL ROYAL GOLF		
CITY-ST-ZIP	TEL - AVILE, ISRAEL, 69125			CITY-ST-ZIP	LOANILINA - PR - BRAZIL, 96055-480		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENDIOLA, JOSE			NAME			
STREET ADDRESS	2425 N W 139TH AVE			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, JUAN C			NAME			
STREET ADDRESS	8360 W. OAKLAND PARK BLVD.			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARONE, LUIZ			NAME			
STREET ADDRESS	8360 W OAKLAND PARK BLVD., #201			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP			

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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR