

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 020 ***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**

60032707



04182008 Chg-P CR2E034 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MREJEN, ARIE
8360 WEST OAKLAND PARK BLVD.
SUITE 307
SUNRISE, FL 33351**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☐ Delete
NAME **KADOCH, DAVID**
STREET ADDRESS **1250 NW 124TH AVENUE**
CITY-ST-ZIP **PLANTATION, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **PITOL, OSWALDO**
STREET ADDRESS **RVA NELSON VICENTINI, 800 CONDOMINIO RESIDENCIAL ROYAL EALF**
CITY-ST-ZIP **LONDRINA - PR - BRAZIL 86055-460**

TITLE **DT** ☐ Delete
NAME **ZOUR, ISRAEL**
STREET ADDRESS **12700 N. BISCAYNE BLVD, #202**
CITY-ST-ZIP **NORTH MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **KADOCH, MICHAEL**
STREET ADDRESS **1250 NW FLAMINGO ROAD**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MENDIOLA, JOSE**
STREET ADDRESS **2425 N W 139TH AVE**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARTINEZ, JUAN C**
STREET ADDRESS **8360 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VADOWS, SHEILA**
STREET ADDRESS **1257 NW 124TH AVE**
CITY-ST-ZIP **PLANTATION, FL 33323**

TITLE **D** ☒ Change ☐ Addition
NAME **KADOCH, SHEILA**
STREET ADDRESS **1257 NW 124TH AVE**
CITY-ST-ZIP **PLANTATION, FL 33323**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08

954-512-2676