2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 AM **DOCUMENT # P93000072012 Secretary of State** 1. Entity Name DAPEP, CORP. Mailing Address Principal Place of Business 8165 WEST 9TH AVENUE 8165 WEST 9TH AVENUE HIALEAH, FL 33014 HIALEAH, FL 33014 CR2E034 (11/05) No Chg-P 03092007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0442782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YEDRA, JOSE 8165 WEST 9TH AVENUE HIALEAH, FL 33014 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PTD --YEDRA, JOSE NAME 8165 WEST 9TH AVE. STREET ADDRESS CITY-ST-7/P HIALEAH, FL 33014 SVD TITLE YEDRA, DALIA E U000000664322 8165 WEST 9TH AVE. 03/22/07-80039-017 150.**0**0 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SHATURE AND EMED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/07 (305). 823-4699

FILED