


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90037 002 \*\*\*158.75

<b>DOCUMENT # P94000016706</b> 1. Entity Name <b>DACOSTA SERVICES, INC.</b>					
Principal Place of Business <b>5415 NW 15TH ST SUITE 4 MARGATE, FL 33063 US</b>			Mailing Address <b>5415 NW 15TH ST SUITE 4 MARGATE, FL 33063 US</b>		
2. Principal Place of Business <b>1000 Stinson Way Suite, Apt. #, etc. 113</b>			3. Mailing Address <b>Same</b>		
City & State <b>West Palm Beach FL</b>			City & State <b>West Palm Beach FL</b>		
Zip <b>33411</b>		Country <b>USA</b>		4. FEI Number <b>65-0475411</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01312006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>DACOSTA, ANDRE 5415 NW 15TH SUITE 4 MARGATE, FL 33063</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1000 Stinson Way Suite 113</b> City <b>West Palm Beach FL</b> Zip Code <b>33411</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DACOSTA, ANDRE F 5415 NW 15TH ST, STE 4 MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1000 Stinson Way Suite 113 West Palm Beach, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>02/08/06</b> Daytime Phone # <b>(561) 4220502</b>		

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