

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90115 007 \*\*\*150.00

**DOCUMENT # P95000058490**

1. Entity Name  
D.C.S.A INVESTMENTS, INC.



Principal Place of Business  
407 LINCOLN RD  
STE 502  
MIAMI BEACH, FL 33139

Mailing Address  
407 LINCOLN RD  
STE 502  
MIAMI BEACH, FL 33139

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

City & State

Zip Country

Zip Country

01032006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0603514

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.  
2 ALHAMBRA PLAZA  
PH 1B  
CORAL GABLES, FL 33134

## 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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GARCIA, ISIDRO A  
STREET ADDRESS 407 LINCOLN RD SUITE 502  
CITY-ST- ZIP MIAMI, FL 33139

TITLE D ☐ Delete  
NAME GAVILAN, MIGUEL ANGEL A  
STREET ADDRESS 407 LINCOLN RD SUITE 502  
CITY-ST- ZIP MIAMI, FL 33139

TITLE D ☐ Delete  
NAME TORRES, ANGEL E  
STREET ADDRESS 407 LINCOLN RD SUITE 502  
CITY-ST- ZIP MIAMI, FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME JOSE ARDID  
STREET ADDRESS 840 BRICKELL AVE  
CITY-ST- ZIP MIAMI FL 33131

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

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

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

TITLE ☐ Change ☐ Addition  
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: Angel E. Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #