2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 A Secretary of State

Phincipal Place of Business	DOCUMENT # P95000058490 1. Entity Name D.C.S.A INVESTMENTS, INC.							Secretar	y of S
STE 502 MINM BEACH, FL 33139 MAIN BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # Sulfa, Acti *, etc.	Principal Pla	ce of Business	Mailing Address			1			
Application									
Sum April Place of Guilniess - No Pio, Box # 3. Mailing Address Sum April Place	·			120					
Suito, Apt. #, etc. Suito	I IIIVI II DENÇ	11, (C 20135	ויוואויוו טבאכח, דב 33	133				N BEKEL BINEN HENN GEGER HERN GE	
City & State City & State City & State City & State Country City & State Country City & State Country City & State Country Country S. Cent-case of Status Desired S. Cent-case of New Registered Agant Note The Case of Status Desired S. Cent-case of New Registered Agant Note The Case of Status Desired S. Cent-case of New Registered Agant Note The Case of Status Desired S. Cent-case of New Registered Agant Note The Case of Status Desired S. Cent-case of New Registered Agant Note The Case of New Registered Agant Note The Case of Status Desired S. Cent-case of New Registered Agant Note The Case of Status Desired S. Cent-case of New Registered Agant Note The Case of Status Desired S. Cent-case of New Registered Agant Note The Case of Status Desired S. Cent-case of New Registered Agant Note The C			3. Mailing Address						
Zip Country Sip Country Sip Country 5. Contracts of Status, Desired 58.75 Auditional Park Roughton 5. Contracts of Status, Desired 58.75 Auditional Park Roughton 5. Contracts of Status, Desired 58.75 Auditional Park Roughton 5. Contracts of Status, Desired 58.75 Auditional Park Roughton 5. Contracts of Status, Desired 58.75 Auditional Park Roughton 5. Contracts of Status, Desired 58.75 Auditional Park Roughton 5. Contracts of Status, Desired 58.75 Audition 5. Contracts of New Registered Agent 7. Name and Address of New Registered Registered Agent 7. Name and Address of New Registered Age						01042007	Chg-P	CR2E034 (12/06)	
Country Country Sp. Country Sp. Country Sp. Country Sp. Consideration Sp. T5. Additional	City & Sta	10	City & State				514	 	
NURAI, WALD, BIONDO & MORENO, P.A. 2 ALHAMBER PLAZA PH 1B CORAL GABLES, FL 33134 City The obligations of registered agent, or both, in the State of Florida. Term terminal with, and accept the obligations of registered agent, or both, in the State of Florida. Term terminal with, and accept the obligations of registered agent, or both, in the State of Florida. Term terminal with, and accept the obligations of registered agent, or both, in the State of Florida. Term terminal with, and accept the obligations of registered agent, or both, in the State of Florida. Term terminal with, and accept the obligations of registered agent, or both, in the State of Florida. Term terminal with, and accept the obligations of registered agent, or both, in the State of Florida. Term terminal with, and accept the obligations of registered agent. SignaTure: SignaT	Zip	Country	Zip	Cour	ntry			_ \$8.75 Ad	
MURAI, WALD, BIONDO & MORENO, P.A. 2 ALHAMBERA PLAZA PH 1B CORAL GABLES, FL 33134 City FL Zip Code City City Zip Code City Ci				<u>L</u>		5. Certilicate o	Status Desired		
ALHAMBRA PLAZA PH 18 CORAL GABLES, FL 33134 City FL Zip Code Cit		6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	egistered Agent	
CORAL GABLES, FL 33134 City FL Zip Cook						ess (P.O. Box Number is Not Acceptable)			
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 lamillar with, and accept the obligations of registered agent. SIGNATURE The NowIII FEE IS \$150.00 P. Election Company in the State of Florida. I am lamillar with, and accept the obligations of registered agent. I am lamillar with, and accept the obligations of registered agent. I am lamillar with, and accept the obligations of registered agent. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with,									<u> </u>
SIGNATURE Signature Signa					Cíty			FL Zip Coo	le
SIGNATURE Signature, injoined or primed nevire of registered agent and late if excidentive (NOTE: Registered Agent signature required when mentating) DATE	8. The above	named entity submits this statement to	or the purpose of changing it	s register	ed office or register	ed agent, or both	in the State of Flo	prida. I am familiar with,	and accept
TILL OWNILI FEE IS \$150.00 SPICERS AND DIRECTORS IN III MAMI, FL 33139 IN INCRESS ON SUNS UNIVERSITY OF STREET ADDRESS ON SUNS UNIVERSITY OF SUNS UNIVERS UNIVERSITY OF SUNS UNIVERS UNIVERS UNIVERS UNIVERSITY OF SUNS UNIVERS UNIVE	the obliga	tions of registered agent.							
### FILE NOW!!! FEE IS \$150.00 ### After May 1, 2007 Fee will be \$550.00 ### After May 1, 2007 Fee will be \$550.00 ### Added to Fees ### A	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registere	nd Appent signature required	when (einsteinin)		DATE	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE DA Change Addition NME AND DIRECTORS SIRELADORSS SIRELADORSS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 IIILE DA CHANGE SIRELADORSS MIAMI, FL 33139 CITY-S1-ZIP IIILE DA CHANGE SIRELADORSS MIAMI, FL 33139 CITY-S1-ZIP IIILE DA CHANGE SIRELADORSS MIAMI, FL 33139 CITY-S1-ZIP IIILE DA CHANGE SIRELADORSS CITY-S1-ZIP IIILE CITY-S1-							Ugana		
ITILE DARRORS ARCIA, ISIDRO A GARCIA, ISIDRO A STREEL ADDRESS CITY-ST-ZIP TILE DAVILAN, MIGUEL ANGEL A ADDRESS CITY-ST-ZIP TILE DAVILAN, MIGUEL	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.				.00 May Be ed to Fees	03/07/07	-80034-006 1	50.00
NAME STREET ADDRESS CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP GAVILAN, MIGUEL ANGEL A 407 LINCOLN RD SUITE 502 MIAMI, FL 33139 CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP TORRES, ANGEL E MIAMI, FL 33139 CITY-SI-2IP MIAMI, FL 33131 MIAMI, FL 33131 CITY-SI-2IP MIAMI MIAMI, FL 33131 CITY-SI-2IP MIAMI MIAMI, FL 33131 CITY-SI-2IP MIAMI MIAMI STREET ADDRESS CITY-SI-2IP MIAMI STREET ADDRESS CITY-SI-2IP MIAMI MIAMI, FL 33131 CITY-SI-2IP MIAMI MIAMI STREET ADDRESS CITY-SI-2IP MIAMI MIAMI MILE MIAMI MIA	10.		DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
STREET ADDRESS CITY-ST-2IP MIAMI, FL 33139 TILLE ON GAVILAN, MIGUEL ANGEL A 407 LINCOLN RD SUITE 502 MIAMI, FL 33139 CITY-ST-2IP MIAMI, FL 33139 CITY-ST-2IP MIAMI, FL 33139 CITY-ST-2IP MIAMI, FL 33139 CITY-ST-2IP MIAMI, FL 33139 TORRES, ANGEL E 407 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 407 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 407 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 407 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 407 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 407 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 408 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 408 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 408 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 408 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 500 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 500 LINCOLN RD SUITE 502 MIAMI, FL 33139 TORRES ANGEL E 500		_	☐ Delete					☐ Change	Addition 🔲
CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP MAME, SAVILAN, MIGUEL ANGEL A 407 LINCOLIN RD SUITE 502 MIAMI, FL 33139 CITY-SI-2IP IITLE MAME TORRES, ANGEL E 407 LINCOLIN RD SUITE 502 MIAMI, FL 33139 CITY-SI-2IP IITLE MAME TORRES, ANGEL E 407 LINCOLIN RD SUITE 502 MIAMI, FL 33139 CITY-SI-2IP IITLE ANAI ANAI BABID, JOSE 840 BRICKELL AVE MIAMI, FL 33131 Delete MIAMI, FL 33131 Delete TITLE NAME STREET ADDRESS CITY-SI-2IP IITLE MAME ARDID, JOSE 840 BRICKELL AVE MIAMI, FL 33131 Delete TITLE MAME STREET ADDRESS CITY-SI-2IP IITLE MAME STREET ADDRESS STREET ADDRESS CITY-SI-2IP IITLE MAME STREET ADDRESS STRE		· ·			-			•	
TILLE NAME GAVILAN, MIGUEL ANGEL A SIREH ADDRESS CITY-ST-ZIP TILLE NAME TORRES, ANGEL E STREET ADDRESS CITY-ST-ZIP TILLE D ARDID, JOSE SIREET ADDRESS CITY-ST-ZIP TILLE NAME SIREET ADDRESS CITY-ST-ZIP TILLE D ARDID, JOSE SIREET ADDRESS CITY-ST-ZIP TILLE NAME SIREET ADDRESS CITY-ST-ZIP		ſ			j				
NAME SIREH ADDRESS OLIV-SI-2IP MIAMI, FL 33139 CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP CITY-SI-2IP MIAMI, FL 33139 CITY-SI-2IP CITY-SI-2I			□ Doloto	-				Channs	Addition
CITY-ST-ZIP IIILE NAME TORRES, ANGEL E AVO LINCOLN RD SUITE 502 MIAMI, FL 33139 IIILE D		GAVILAN, MIGUEL ANGEL A	C Delete					☐ Onlings	☐ Adoition
INILE NAME TORRES, ANGEL E NAME SIREET ADDRESS CITY-SI-ZIP MIAMI, FL 33139 SIREET ADDRESS CITY-SI-ZIP Delete NAME ARDID, JOSE SIREET ADDRESS CITY-SI-ZIP MIAMI, FL 33131 Delete NAME NAME NAME NAMI, FL 33131 Delete NAME NAMI, FL 33131 Delete NAME NAMI, FL 33131 Delete NAMI, FL 33131 Delete NAMI, FL 33131 Delete NAMI SIREET ADDRESS CITY-SI-ZIP NAMI, FL 33131 Delete NAMI SIREET ADDRESS CITY-SI-ZIP NAME SIREET ADDRE				STRE	EET ADDRESS				
NAME SIREET ADDRESS CITY-ST-ZIP TITLE D ARDID, JOSE 840 BRICKELL AVE MIAMI, FL 33131 TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MIAMI, FL 33131 TITLE D ARDID, JOSE 840 BRICKELL AVE MIAMI, FL 33131 TITLE MIAMI SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS C	CITY-Si-ZIP	MIAMI, FL 33139		City	-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRES		1 -	Detete					☐ Change	Addition
CITY-SI-ZIP MIAMI, FL 33139 CITY-SI-ZIP ITILE NAME ARDID, JOSE SIREET ADDRESS CITY-S1-ZIP ITILE NAME SIREET ADDRESS CITY-S1-ZIP ITILE NAME SIREET ADDRESS CITY-S1-ZIP ITILE NAME SIREET ADDRESS CITY-SI-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 in this repon or supplemental repon is true and accurate and that my signature shall have the same legal effect as if made under catt; 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 mane appears in Block to Or Block to		1							
TITLE NAME ARDID, JOSE ARDID, JOSE SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST									
NAME SIREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRES			D Delete					Change	C Addition
CITY-S1-ZIP MIAMI, FL 33131		1	C Descie					(change	
INTLE NAME STREET ADDRESS CITY-S1-ZIP INTLE NAME STREET ADDRESS CITY-S1-ZIP INTLE Delete INTLE NAME STREET ADDRESS CITY-S1-ZIP INTLE Change Addition AMME STREET ADDRESS CITY-S1-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 onth; hat I am an oldicar or of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if	STREET ADDRESS	840 BRICKELL AVE		STRE	ET ADDRESS	•			
NAME STREET ADDRESS CITY-ST-ZIP TIFLE Delete TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE Onange Addition NAME STREET ADDRESS CITY-ST-ZIP THE ORDERSS 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	CITY-ST-ZIP	MIAMI, FL 33131		CITY	-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE TITLE TAME THE ADDRESS CITY-ST-ZIP TITLE THE ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST-ZIP Thereby 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 onth; 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			☐ Delete					Change	Addition
CITY-ST-ZIP INTLE INT							-		
INTLE NAME STREET ADDRESS CITY-S1-ZIP 1. 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									
NAME STREET ADDRESS CITY-S1-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		·	□ Delate					D Channa	☐ Adddion
STREET ADDRESS CITY-S1-ZIP SIREET ADDRESS CITY-S1-ZIP SIREET ADDRESS CITY-S1-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			∟ Delete					L_1 unange	☐ Vanili6u
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	STREET ADDRESS								
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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	CITY-ST-ZIP								
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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	12. I hereby	certify that the information supplied with	this filing does not qualify f	or the exe	emptions contained	in Chapter 119, F	lorida Statutes. I	further certify that the in	nformation
changed, or on an attachment with an address, with all other like empowered.	or the cor	poration or the receiver or trustee empt	owered to execute this repor	l as requir	red by Chapter 607	iame legal effect a , Florida Statutes;	is ii made under d and that my name	eatn; that I am an officer appears in Block 10 o	or director Black 11 if