2006 FOR PROFIT CORPORATION

	ANNUAL N	EPUŅ	I (An)		—— Fe	b 10, 2006 0	8:00 A	M
DOCU 1. Entity Nam	MENT # P9600003423	19	}			Secretary of		14.1
D.C.A. VENTURES INC.			{			•		
Principal Plac	e of Business	Mailing Add	dress					
J D'S PIZZERIA 6828 N.W. 169TH STREET MIAMI FL 33015		J D'S PIZ 6828 N.W MIAMI FL	'. 169TH STREE	ΞT				
2. Principal Place of Business		3. Mailing A	Address	<u> </u>	11441		in errie iiree iiie ien	ant fi indi
Suite, Apt. #, etc.		Suite, Ap	t. #, etc.				34 (10/05)	
City & State		City & Sta	ate	<u>.</u> .	4. FEI Numbi	er 65-0660479	No	plied For Applicat
Žip	Country	Zip		Country		of Status Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Current	Registered Ag	gent '	Name	7. Name and	Address of New Registerer	d Agent	
EMERY, DAVID D 6828 NW 169TH ST MIAMI FL 33015					idress (P.Q. Box Numb	er is Not Acceptable)		
			{	City		F	L Zip Code	3
	named entity submits this statement fo tions of registered agent.	r the purpose o	of changing its	egistered office or	registered agent, or bo	th, in the State of Florida. I as	m familiar with.	and acce:
SIGNATURE.	Signature, typed or printed name of registered agent	ena use if applicable	, LNOTE	Registered Agent eignati	re recovered when removating)	37AC	<u> </u>	··· <del>·</del>
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o	7 A A A A A A A A A A A A A A A A A A A				Election Campaign Final Trust Fund Contribution		00 May : d to Fees
10.	OFFICERS AND			11.	ADDITIONS	/CHANGES TO OFFICERS A	ND DIRECTORS	in ti
TITLE NAME	PST EMERY, DAVID D		☐ Detate	TITLE NAME STREET AOORESS		U000000429351	☐ Change	□ Action
STREET ADDRESS CITY-ST-ZIP	6828 NW 169 STREET HIALEAH FL 33015		}	CITY-ST-ZIP		02/22/06-90005-0	)13 158.C	3
TRILE NAME STREET ADDRESS CITY-ST-2IP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		□ AACT
TYTLE NAME STREET ADBRESS CITY-ST-ZIP			☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	□ Min
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	□ Ag···
STREET ADDRESS GITY-ST-ZIP			☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- · <u></u>	Change	Ayi€
NAME NAME STREET ADDRESS CHY-SI-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-SF-ZIP			Change	□ Mair

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

David Emany

**FILED** 

7-7-01 305-556-8866