

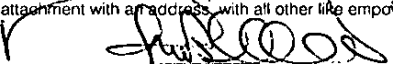


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90003 018 ***158.75

DOCUMENT # P96000062367 1. Entity Name DTT63, CORP.					
Principal Place of Business 5101 NW 79 AVENUE MIAMI, FL 33166			Mailing Address 5101 NW 79 AVENUE MIAMI, FL 33166		
2. Principal Place of Business 7845 NW 57th St. Suite, Apt. #, etc.		3. Mailing Address 7845 NW 57th St. Suite, Apt. #, etc.		40095127 	
City & State DORAL FL		City & State DORAL FL		4. FEI Number 65-1110615	
Zip 33166		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONVECCHIO, ALAIN M 5101 NW 79th AVENUE MIAMI, FL 33166		7. Name and Address of New Registered Agent Name BONVECCHIO ALAIN M. Street Address (P.O. Box Number is Not Acceptable) 7845 NW 57th STREET City DORAL FL Zip Code 33166			
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  Bonvecchio ALAIN M. 5-31-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONVECCHIO, ALAIN M 5101 NW 79th AVENUE MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BONVECCHIO, ALAIN C 5101 NW 79th AVENUE MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BONVECCHIO C., ADOLFO H 5101 NW 79th AVENUE MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONVECCHIO C., ARIANNE B 5101 NW 79th AVENUE MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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.					
SIGNATURE:  ALAIN M. Bonvecchio 5-31-06 (786) 285-0712 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

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#P96000062367

MAY 31, 2006

Florida Dpt. of STATE
Division of Corp.

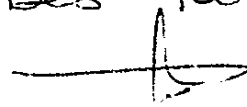
TALLAHASSEE.

Florida.

DEAR Sir,

THANKS FOR your Help.
included the new
Forms Duly Filled
and Signed.

Best Regards,


A. Bonvassini

ATTACHMENT

H0095127

#P9600062367

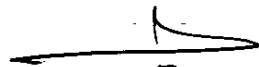
FLORIDA Dpt. of State
Division of Corp.

TALLAHASSEE
Florida.

Dear Sir:

would you please send
us, a receive and
the Certificate of annual
Report for each Corp.
many thanks

Regards,



A. Bonvaccchio

ATTACHMENT

46095127



Division of Corporations

Annual Report

Annual Report Help

Document Number

P96000062367

Business Entity Name

DTT63, CORP.

FEI Number

651110615

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

7845 NW 57th STREET

Suite, Apt. #, etc.

City, State

DORAL

, FL

Zip Code & Country

33166

Mailing Address

Address

7845 NW 57th STREET

Suite, Apt. #, etc.

City, State

DORAL

, FL

Zip Code & Country

33166

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

BONVECCHIO

ALAIN

, M

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

7845 NW 57th STREET

Suite, Apt. #, etc.

City, State

DORAL

, FL

Zip Code & Country

33166

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

40095127

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature BONVECCHIO ALAIN M.

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) BONVECCHIO , ALAIN , M ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 7845 NW 57th STREET
City, State DORAL , FL
Zip Code & Country 33166

Title VP
Name (Last, First, Middle, Title) BONVECCHIO , ALAIN , C ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 7845 NW 57th STREET
City, State DORAL , FL
Zip Code & Country 33166

Title TS
Name (Last, First, Middle, Title) BONVECCHIO C. , ADOLFO , H ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 7845 NW 57th STREET
City, State DORAL , FL
Zip Code & Country 33166

Title S

46095127

P96000062367

Name (Last, First, Middle, Title)

BONVECCHIO C. , ARIANNE , B ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

5101 N.W. 79TH AVENUE

City, State

MIAMI , FL

Zip Code & Country

33166

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRES

Officer/Director Signature BONVECCHI ALAIN M.

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset