

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

ROYAL BANK OF CANADA
DCU MIAMI

FILED

JAN 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P86000099192

1. Entity Name
D.A.C.R. PROPERTIES, INC.



Principal Place of Business
1200 BRICKELL AVENUE, STE 900
MIAMI, FL 33131 US

Mailing Address
1200 BRICKELL AVENUE, STE 900
MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/08)

4. FEI Number
65-0713298

1 Applied For
1 Not Applicable

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

6. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, STE 900
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, as 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 day of completion.

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

U000000786355

01/17/08-80037-010 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Compulsory for Public Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIBNEROS, DIEGO A
STREET ADDRESS	1200 BRICKELL AVENUE, STE 900
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

2008 JAN - 8 AM 7:39

ROYAL BANK OF CANADA
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DATE

Daytime Phone #