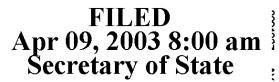
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** P97000038557 DOCUMENT #



1. Entity Nam DAGAB, I								04-09-200	3 90176 03	35 ***150	0.00
Principal Plac 6900 S.W. 92 MIAMI FL 331		5	6900 8	Mailing Address 6900 S.W. 92 AVENUE MIAMI FL 33173				1 1881/1881 210 1811/1 1881/1 <b>88</b> 1/1 88	116 <b>38</b> 111 <b>88</b> 18 <b>6</b> 11	181 (1818) <b>8</b> 1188	<b>0</b> 1884 1 <b>40</b> 4 1 <b>40</b> 4
Principal Place of Business     3. Mailing Address											
Suite, Apt.	. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			. City	City & State			4.	FEI Number <b>65-0829010</b>		Applied For Not Applicable	
Zip Country			Zip		Cour	Country		Certificate of Status Desired		8.75 Add	
	6. Name	and Address of C	urrent Registere	d Agent			7.	Name and Address of New F	Registered A	gent	
GADCIA A	OCMAI DO					Name					
6900 S.W	oswaldo . 92 avenu	E				Street Addres	ss (P.O. I	(P.O. Box Number is Not Acceptable)			
MIAMI FL		(1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				Cib.				T 7: 0	
	. *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				City		, 	FL	Zip Code	
	tions of registe		ment for the purpo	ose of changing its	s register	ed office or regis	stered aç	gent, or both, in the State of Fl	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of register	ed agent and title if appli	icable. (NOT	E: Registere	d Agent signature requ	ired when	reinstating)	DATE		
Afte	r May 1, 200	FEE IS \$150.0 3 Fee will be \$55 Florida Departm	50.00					9. Election Campaign File Trust Fund Contribution			0 May Be
10.		OFFICER	S AND DIRECTOR	₹S	11.		. Al	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garcia, O 6900 S.W. Miami Fl 3	92 AVENUE		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, C 6900 S.W. MIAMI FL 3	92 AVENUE		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ें - इस्प्रारक्त		Delete		ı	E , 15	de	( ) a compression ( ) ( )	☐ Change	Addition
TITLE Name Street address City-St-Zip	·			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l				☐ Change	☐ Addition
<b>12.</b> I hereby o	certify that the on this report poration or the or on an attac	information supplie or supplemental re e receiver or truste chment with an a	ed with this filling of port is true and a e em diversed to e	does not qualify for accurate and that execute this report of like empowered	r the exe	motion stated in	Section ne same 507, Flor	119.07(3)(i), Florida Statutes. legal effect as if made under ida Statutes; and that my nam	I further certif path; that I an e appears in	y that the in 1 an officer Block 10 or	nformation or director Block 11 if

**SIGNATURE:**