


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000040850	
1. Entity Name DARRICH CORPORATION	

Principal Place of Business 3730 SW 37TH AVE MIAMI, FL 33133	Mailing Address 3730 OAK AVE MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 27 AM 11:55
TALLAHASSEE, FLORIDA

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0751203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALLMAN, DARLENE 3730 OAK AVE MIAMI, FL 33133	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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HALLMAN, DARLENE 3730 OAK AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLMAN, DARLENE 3730 OAK AVE MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400074153484
05/08/06--01020--010 **8.75

400074153484
05/08/06--01020--009 **150.00

DO NOT WRITE
IN THIS SPACE

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: Darlene Hallman 4/23/06 786-269-4149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR