


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90070 026 \*\*\*150.00

<b>DOCUMENT # P99000030308</b> 1. Entity Name <b>DAGO ALFONSO NIETO, INC.</b>					
Principal Place of Business <b>15734 86TH RD NORTH LOXAHATCHEE, FL 33470</b>			Mailing Address <b>15734 86TH RD NORTH LOXAHATCHEE, FL 33470</b>		
2. Principal Place of Business <b>17564 60th LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>17564 60th Lane</b> Suite, Apt. #, etc.			
City & State <b>LOXAHATCHEE FL</b>		City & State <b>LOXAHATCHEE FL</b>			
Zip <b>33470</b>		Country <b>USA</b>		4. FEI Number <b>65-0932325</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>NIETO, DAGO ALFONSO 15734 86TH RD NORTH LOXAHATCHEE, FL 33470</b>			7. Name and Address of New Registered Agent Name <b>Nieto, Dago Alfonso</b> Street Address (P.O. Box Number is Not Acceptable) <b>17564 60th LANE</b> City <b>LOXAHATCHEE FL</b> Zip Code <b>33470</b>		
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 <u><i>Dago Alfonso Nieto</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>					
9. Election Campaign Financing <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	D <b>NIETO, DAGO ALFONSO</b> <b>15734 86TH RD NORTH</b> <b>LOXAHATCHEE, FL 33470</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nieto, Dago Alfonso</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17564 60th Lane</b> <b>Loxahatchee FL 33470</b>	
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	
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	
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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 exemption stated in Section 119.07(3)(i), 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: <u><i>Dago Alfonso Nieto</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>1/20/05</u> Daytime Phone # _____		