

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S33727**

1. Entity Name  
D.G.P.I., INC.



Principal Place of Business

9193 SUNSET DRIVE  
SUITE 210  
MIAMI, FL 33173

Mailing Address

9193 SUNSET DRIVE  
SUITE 210  
MIAMI, FL 33173



01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0238094

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PASTORIZA, JORGE  
9193 SUNSET DRIVE  
210  
MIAMI, FL 33173

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GARCIA, HUGO  
STREET ADDRESS 9193 SUNSET DRIVE, #210  
CITY-ST-ZIP MIAMI, FL 33173

TITLE D  
NAME PASTORIZA, JORGE  
STREET ADDRESS 9193 SUNSET DRIVE, #210  
CITY-ST-ZIP MIAMI, FL 33173

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000614782  
02/06/07-80044-024 150.00

**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: Jorge PastORIZA 1/23/07 305-555-9598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #