

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062515

Entity Name: D GROUP ACQUISITION FIVE (FL), INC.**Current Principal Place of Business:**3195 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134**Current Mailing Address:**3195 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US**FEI Number:** 66-9069728**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.
3195 PONCE DE LEON BLVD., SUITE 400
CORAL GABLES, FL 33134 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	OLIVERA, MYRTA
Address	255 PONCE DE LEON AVENUE
City-State-Zip:	HATO REY PR 00919

Title	D
Name	DUBON, DESIREE
Address	255 PONCE DE LEON AVENUE
City-State-Zip:	HATO REY PR 00919

Title	D
Name	DUBON, MANUEL
Address	255 PONCE DE LEON AVENUE
City-State-Zip:	HATO REY PR 00919

Title	D
Name	DUBON, JOSE R
Address	255 PONCE DE LEON AVENUE
City-State-Zip:	HATO REY PR 00919

Title	D
Name	DUBON III, LUIS E
Address	255 PONCE DE LEON AVENUE
City-State-Zip:	HATO REY PR 00919

Title	D
Name	DUBON-SIMS, MARILYN JR. C
Address	3195 PONCE DE LEON BLVD
City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE R. DUBON

VICE-PRESIDENT

03/13/2015

Electronic Signature of Signing Officer/Director Detail_____
Date