

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000069920

Entity Name: D.P.A. CORP.**Current Principal Place of Business:**2405 E.F. GRIFFIN RD. #8
BARTOW, FL 33830**Current Mailing Address:**2405 E.F. GRIFFIN RD. #8
BARTOW, FL 33830**FEI Number:** 90-0749537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KUYLENSTIERNA, JAN MESQ
8950 SW 74 CT STE 1710
MIAMI, FL 33156 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 | P |
| Name | MARCONI, VINCENZO |
| Address | 1257 VISTA HILLS DR |
| City-State-Zip: | LAKELAND FL 33813 |

| | |
|-----------------|----------------------|
| Title | TD |
| Name | DELGADO, LUIS |
| Address | 6534 EAGLE RIDGE WAY |
| City-State-Zip: | LAKELAND FL 33813 |

| | |
|-----------------|--|
| Title | S |
| Name | MENIN, FELIX |
| Address | RES VILLA LEO CASA 7 AV BOLIVAR LOS |
| City-State-Zip: | RASTROJOS,CAB ESTADA LARA VZ XX |

| | |
|-----------------|---------------------|
| Title | D |
| Name | MARCONI, ENZO |
| Address | 1257 VISTA HILLS DR |
| City-State-Zip: | LAKELAND FL 33813 |

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: VINCENZO MARCONI**OFFICER****02/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date