

**2025 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P24000004280

**Entity Name:** DARCON GP CORP

**Current Principal Place of Business:**

1280 W 4 LN  
HIALEAH, FL 33010

**Current Mailing Address:**

505 W HICKPOCHEE AVE  
STE 200-256  
LABELLE, FL 33935 US

**FEI Number:** 99-0753993

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACOSTA, JAIME  
1280 W 4 LN  
HIALEAH, FL 33010 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	Title	TREASURY
Name	ACOSTA, JAIME	Name	DIAZ ALMEIDA, OSMANY
Address	1280 W 4 LN	Address	4673 SW 127TH TER
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	MIRAMAR FL 33027

*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:** JAIME ACOSTA

**PRESIDENT**

**07/03/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date