

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000001932

**Entity Name:** DARC JET INCORPORATED**Current Principal Place of Business:**630 ORIOLE AVE  
MIAMI SPRINGS, FL 33166**Current Mailing Address:**630 ORIOLE AVE  
MIAMI SPRINGS, FL 33166 US**FEI Number:** 61-1503450**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GILBERT, ANGELA ROSE  
630 ORIOLE AVE  
MIAMI SPRINGS, FL 33166 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:** ANGELA GILBERT

01/31/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | PRESIDENT              |
| Name            | GILBERT, ANGELA        |
| Address         | 630 ORIOLE AVE         |
| City-State-Zip: | MIAMI SPRINGS FL 33166 |

|                 |                        |
|-----------------|------------------------|
| Title           | TREASURER              |
| Name            | GILBERT, STEVE         |
| Address         | 630 ORIOLE AVE         |
| City-State-Zip: | MIAMI SPRINGS FL 33166 |

|                 |                        |
|-----------------|------------------------|
| Title           | SECRETARY              |
| Name            | RIOS, SENDY            |
| Address         | 630 ORIOLE AVE         |
| City-State-Zip: | MIAMI SPRINGS FL 33166 |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | RIOS, CELSO            |
| Address         | 630 ORIOLE AVE         |
| City-State-Zip: | MIAMI SPRINGS FL 33166 |

*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:** ANGELA GILBERT

PRESIDENT

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date