


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90169 044 \*\*\*150.00

**DOCUMENT # P01000029345**

1. Entity Name  
**DISNICA CORPORATION**



**40069231**

Principal Place of Business  
**1701 NW 13TH ST. APT. #105  
 BOCA RATON, FL 33486**

Mailing Address  
**1701 NW 13TH ST. APT. #105  
 BOCA RATON, FL 33486**



2. Principal Place of Business  
**632 Tivoli Trace Circle**

3. Mailing Address  
**632 Tivoli Trace Cir**

Suite, Apt. #, etc.  
**Apt 202**

Suite, Apt. #, etc.  
**Apt 202**

04252006 Chg-P CR2E034 (11/05)

City & State  
**Deerfield Beach, FL**

City & State  
**Deerfield Beach**

Zip  
**33411**

Country  
**Palm Beach**

Zip  
**33441**

Country  
**Palm Beach**

4. FEI Number  
**65-1101365**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PINA, ROSMER E**  
**1701 NW 13TH ST. APT. #105**  
**BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent

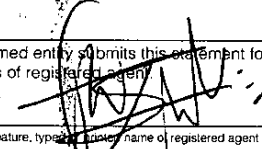
Name

Street Address (P.O. Box Number is Not Acceptable)

**632 Tivoli Trace Cir apt 202**

City **Deerfield Beach** **FL** Zip Code **33441**

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  DATE **April 26 2006**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINA, ROSMER E 1701 NW 13TH ST. APT. #105 BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 632 Tivoli Trace Circle, Apt 202 Deerfield Beach, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAJAIRA, MARILYN 1701 NW 13TH ST. APT. #105 BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 632 Tivoli Trace Circle Apt 202 Deerfield Beach, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **04/26/2006** (561) 305-3845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #