

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91274 026 ***150.00

DOCUMENT# P01000029345



1. Entity
DISNICA CORPORATION

Principal Place of
**1701-NW 13TH STREET APT # 111
BOCA RATON, FL 33486**

Mailing
**1701-NW 13TH STREET APT # 111
BOCA RATON, FL 33486**

11021924

2. Principal Place of Business		3. Mailing Address		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite Apt # etc		Suite Apt # etc			
City & State		City & State			
Zip		Zip		4. FEI Number	
Country		Country		65-1101365	
USA		USA		Applied For	
				Not Applicable	

5. Certificate of Status				Applied For	
<input type="checkbox"/> \$6.75 Additional Fee Required					

6. Name and Address of Current Registered				7. Name and Address of Now Registered			
PINA, ROSMER E 1701 NW 13TH STREET APT # 111 BOCA RATON, FL 33486				Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code			

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.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Department of State

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 1:			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINA, ROSMER E			NAME			
STREET ADDRESS	1701 NW 13TH STREET APT # 111			STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON, FL 33486			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Chang	<input type="checkbox"/> Additi
NAME	YAJAIRA, MARILYN			NAME			
STREET ADDRESS	1701 NW 13TH STREET APT # 111			STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON, FL 33486			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Chang	<input type="checkbox"/> Additi
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Chang	<input type="checkbox"/> Additi
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Chang	<input type="checkbox"/> Additi
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i), 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 of the corporation, or that I am authorized to execute this report as qualified by chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 12 if changed, or on an attachment with the corporation, with the like empowered.

SIGNATURE:

SIGNATURE (PRINTED) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR