## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000090530

Name:

Address:

City-St-Zip:

DISMUNDIAL INTERNATIONAL CORPORATION

FILED Apr 22, 2004 Secretary of State

Entity Nar	me: DISMUN	DIAL INTERNATIONAL COR	PORATION			
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
	JE CORAL DR TON, FL 3349					
Current Mailing Address:			New Maili	New Mailing Address:		
	JE CORAL DR TON, FL 3349					
FEI Number:	: 03-0479047	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
1985 NW 8 SUITE 201	MIENTO, GAE 38TH COURT 33172 US	BRIEL S				
	named entity e of Florida.	submits this statement for the	purpose of changing it	s registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered A	gent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD ( ROJAS-RAMIR 11077 BLUE C BOCA RATON,	ORAL DRIVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ROJAS-RAMIR 11077 BLUE C BOCA RATON,	ORAL DRIVE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ROJAS, JORG 11077 BLUE C BOCA RATON,	ORAL DRIVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	(	) Delete	Title:	D	( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ROJAS, MARCELO

22584 VISTAWOOD WAY

BOCA RATON, FL 33428

SIGNATURE: ALCANTARA-VARGAS, JAIRO PD 04/22/2004