


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90024 016 ***150.00

DOCUMENT # P98000048430

1. Entity Name
DALIMA STUDIO, INC.



Principal Place of Business Mailing Address

145 MODEI RD AVE 145 MODEI RD AVE
 311 311
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

2. Principal Place of Business 3. Mailing Address

145 MAZEIRA AVENUE 145 MAZEIRA AVENUE


Suite, Apt. #, etc. Suite, Apt. #, etc.
311 311

City & State City & State

CORAL GABLES, FLORIDA CORAL GABLES, FLORIDA

Zip Country Zip Country
33134 USA 33134 USA

J3044



02162004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0840529 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALBERT
231 MAJORCA AVENUE
UNIT C
CORAL GABLES, FL 33134

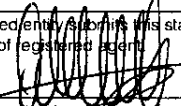
7. Name and Address of New Registered Agent

Name **RODRIGUEZ, ALBERT**

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

City **CORAL GABLES** FL Zip Code **33134**

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  **ALBERT RODRIGUEZ, President** DATE **2/16/04**


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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ALBERT I 231 MAJORCA AVENUE UNIT C CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " 123 SARTO AVENUE CORAL GABLES, FL. 33134 <input checked="" 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
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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 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 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:  **ALBERT RODRIGUEZ** Date **2-16-04** Daytime Phone # **305-497-0727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR