2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

01-28-2004 90003 009 ***150.00

DOCUMENT # P98000054662

1. Entity Name
DIACOR INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
36 N.E. 1ST ~~#747~~ #821 MIAMI FL 33132	36 N.E. 1ST ~~#747~~ #821 MIAMI FL 33132

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
36 N.E. 1ST	
Suite, Apt. #, etc. 821	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33132 Country	Zip Country

4. FEI Number 65-0844118 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, ALAN
36 N.E. 1ST #747
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ALAN RUBIN
Street Address (P.O. Box Number is Not Acceptable) 36 N.E 1ST #821
City MIAMI FL Zip Code 33132

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 [signature] ALAN RUBIN 1/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, ALAN 2000 TOWERSIDE TERRACE #709 MIAMI FL 33138	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALAN RUBIN 36 N.E. 1ST #821 MIAMI FL 33132	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] ALAN RUBIN 1/22/04 (305)577-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #