## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jul 28, 2004 8:00 am **Secretary of State** DOCUMENT # H27291 1. Entity Name 07-28-2004 90018 020 \*\*\*150.00 DIN DIN, INC. Principal Place of Business. Mailing Address 1395 N.W. 21ST STREET MIAMI FL 33142 1395 N.W. 21ST STREET MIAMI FL 33142 54065281 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) Applied For City & State City & State 4. FEI Number 59-2476510 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert B. Talley TOUBY, RICHARD -Street Addressed P. At Box Number is Not Acceptable) **BISCAYNE BUILDING, SUITE 907** 19 W FLAGLER STREET MIAMI FL 33130 City Miami 2939942 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. 7/26/04 Robert B. Talley President/Director **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. President /Director TITLE Delete TITLE TOUBY, RICHARD NAME Robert B. Talley STREET ADDRESS 19 W FLAGLER ST, STE 907 STREET ADDRESS 1395 NW 21 Street CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Miami. FL 33142 ☐ Change ☐ Addition Delete TITLE TITLE SX PD TALLEY, ROBERT B. NAME STREET ADDRESS 1395 N.W. 21ST STREET STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE Change Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TILLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

Robert B. Talley Pres./Dir.

7/26/04

Date

305 325-0001

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

FILED