2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 27, 2004 08:00 AM DOCUMENT # M88973 Secretary of State 1. Entity Name DYAL CORP. Principal Place of Business Mailing Address 4409 ALTON RD. MIAMI BEACH FL 33140 4409 ALTON RD MIAMI BEACH FL 33140 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For 4. FEI Number City & State City & State 65-1096199 Not Applicable \$8.75 Additional Ζıp Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONAEVSKY, DOV Street Address (P.O. Box Number is Not Acceptable) 4409 ALTON RD. MIAMI BEACH FL 33140 Zip Code City 8. The above named entry 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, typed or printed name of registered agent and life if applicable DATE (NOTE Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSD ☐ Change INLE Defete TITLE Addition NAME DONAEVSKY, DOV BRANT U00000068014 02/27/04-80024-013 150.00 4409 ALTON RD. STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CITY - ST- ZIP AS ☐ Change ☐ Addition RITLE ☐ Delete NAME RESNICK, JAMES NAME 1228 ALTON RD STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | Addition | TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TEFF Change Delete TRUE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED