2007 FOR PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # P00000049543

1. Entity Name

DYAN CORP. OF SOUTH MIAMI DADE



May 04, 2007 08:00 A Secretary of State

Principal Place of Business 2744 S.W. 6TH STREET

MIAMI, FL 3315

Mailing Address

2744 S.W. 6TH STREET MIAMI, FL 3315



DO NOT WRITE IN THIS SPACE

03012007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-1031601 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALERO, MIGUEL A 2744 S.W. 6TH STREET MIAMI, FL 3315				NOT WRITE THIS SPACE
	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title		stered office or registered agent, or but	oth, in the State of Florida. I am familiar with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut	_ +0.00 ma, bo	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME	OFFICERS AND DIRECT PSD VALERO, MIGUEL A 2744 S.W. 6TH STREET MIAMI, FL 33135	CTORS		U00000760738 05/25/07-80025-012 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME		umreen nigeline	and the glass of the same of t	Market and the state of the sta
STREET ADDRESS				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplimental 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 the receiver of the corporation or the receiver of the corporation or an attachment with the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

Daytime Phone #