

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000068422

1. Entity Name
DISACER, INC.



Principal Place of Business
**809 FIELD BROOK CT
BRADENTON, FL 34212 US**

Mailing Address
**1767 LAKEWOOD RANCH BLVD
#188
BRADENTON, FL 34211 US**



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3660849	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HARRISON, SHARPE PA
4890 W KENNEYDY BLVD, STE 900
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME	D BENAVENT, RAFAEL
STREET ADDRESS	CTRA. VALENCIA-BARCELONA KM 44,3
CITY-ST-ZIP	CASTELLON, SPAIN, SP 1250 nule
TITLE NAME	D MONTERO, ANTONIO
STREET ADDRESS	CTRA VALENCIA-BARCELONA, KM, #443
CITY-ST-ZIP	NULES, SPAIN, 12520
TITLE NAME	DPST LANUZA, JOSE LUIS
STREET ADDRESS	CTRA. VAKENCIA-BARCELONA KM. 44,3
CITY-ST-ZIP	1250 NULES (CASTELLON) SPAIN,
TITLE NAME	VP MONTERO, ANTONIO
STREET ADDRESS	CTRA VALENCIA-BARCELONA KM. 443
CITY-ST-ZIP	NULES, SPAIN, 12520
TITLE NAME	S MEDIANO, ALICIA
STREET ADDRESS	CTRA VALENCIA-BARCELONA, KM 4413
CITY-ST-ZIP	12520 NOLES CASTELLON SPAIN.
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000851604
03/25/08-80048-010 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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: ANTONIO MONTERO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/08 +34 964659500
Date Daytime Phone #