2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100630

FILED Sep 08, 2004 Secretary of State

Entity Nan	ne: DLSTRAD	DING, INC.				
Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:		
10400 NW MIAMI, FL	33RD ST., SUI 33172	TE 290	16359 SW 26 STREET MIRAMAR, FL 33027			
Current Ma	ailing Address	3:	New Mailing Address:	New Mailing Address:		
10400 NW MIAMI, FL	33RD ST., SUI 33172	TE 290	16359 SW 26 STREET MIRAMAR, FL 33027			
FEI Number:	65-1060368	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of C	ırrent Registered Agent:	Name and Address of I	Name and Address of New Registered Agent:		
ROBINSON 10400 NW MIAMI, FL	33RD ST., SUI	TE 290	ROBINSON, DAMIEN 16359 SW 26 STREET MIRAMAR, FL 33027			
The above in the State		ubmits this statement for the pu	rpose of changing its registered o	office or registered agent, or both,		
SIGNATUR	E: DAMIEN F			09/08/2004		
Election Cam		c Signature of Registered Ager Trust Fund Contribution ().	ıt	Date		
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () ROBINSON, LLC 16359 SW 26TH MIRAMAR, FL 3	ST.	Title: (Name: Address: City-St-Zip:) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () ROBINSON, DAM 16359 SW 26TH MIRAMAR, FL 3	ST.	Title: (Name: Address: City-St-Zip:) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () ROBINSON, SHE 16359 SW 26TH MIRAMAR, FL 3	ST.	Title: (Name: Address: City-St-Zip:) Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DAMIEN ROBINSON	D 09/08	3/2004
------------	-----------------	---------	--------