

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90169 044 ***150.00

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04252006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000029345 1. Entity Name DISNICA CORPORATION					
Principal Place of Business 1701 NW 13TH ST. APT. #105 BOCA RATON, FL 33486			Mailing Address 1701 NW 13TH ST. APT. #105 BOCA RATON, FL 33486		
2. Principal Place of Business 632 Tivoli Trace Circle		3. Mailing Address 632 Tivoli Trace Cir			
Suite, Apt. #, etc. Apt 202		Suite, Apt. #, etc. Apt 202			
City & State Deerfield Beach, FL		City & State Deerfield Beach		4. FEI Number 65-1101365	
Zip 33411		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33441		Country Palm Beach		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PINA, ROSMER E 1701 NW 13TH ST. APT. #105 BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 632 Tivoli Trace Cir apt 202 City Deerfield Beach FL 33441		
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: April 26 2006 <small>Signature, type, or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINA, ROSMER E 1701 NW 13TH ST. APT. #105 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 632 Tivoli Trace Circle, Apt 202 Deerfield Beach, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAJAIRA, MARILYN 1701 NW 13TH ST. APT. #105 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 632 Tivoli Trace Circle Apt 202 Deerfield Beach, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			04/26/2006 (561) 305-3845		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		