2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000039027 **DOCUMENT#**



FILED Mar 20, 2003 8:00 am Secretary of State

1. Entity Nam DALI TEC	HNOLOGIES, INC.				03-20-2003 9	90146 001 ***15	50.00	
Principal Place 6105 SW 1291 MIAM! FL 331	TH PL #1810	Mailing Address 6105 SW 129TH PL. #1810 MIAMI FL 33183			1 (1881/188) (NV 871/94) (NAV) 488/1 788		### ##################################	
2. Principal P 293 Suite, Apt.	lace of Business 72 Avg.	3. Mailing Address 5. Suite, Apt. #, etc.	u 129	Pla	CHECK HERE	F MAKING CHANGI		
City & State	° hi Ani Fl.	#1810 City & State	`.FI.		El Number 65-1081306		Applied For Not Applicable	
Zip 33	122 USA	Zip 33183	Country	5. C	ertificate of Status Desired	S8.75 / Fee Requ]
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
SAMON, I				dress (P.O. Bo	ox Number Not Acc In	<u> </u>		
	129TH PL, #1810							-
MIAMI FL	33183							
			City	,_+ <u>-</u>		FL Zip C		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office or r	registered age	nt, or both, in the State of Flo	rida. I am familiar wi	th, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signatur	e required when rein	nstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								_
After	May 1, 2003 Fee will be \$550.00	State			Election Campaign Fin Trust Fund Contribution		.00 May Be ded to Fees	
After Make Check	r May 1, 2003 Fee will be \$550.00 Repartment of		T 11.	ADC	Trust Fund Contribution	n. 🗌 Áda	ded to Fees	
After Make Check 10.	May 1, 2003 Fee will be \$550.00	DIRECTORS	11.	ADI		n. 🗌 Áda	DRS IN 11	60
After Make Check 10. TITLE NAME STREET ADDRESS	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND I D SAMON, LIVIO 6105 SW 129TH PL., #1810		TITLE NAME STREET ADDRESS	ADD	Trust Fund Contribution	CERS AND DIRECTO	DRS IN 11	034 (10/02)
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND I	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	Trust Fund Contribution	Add	ded to Fees DRS IN 11 e Addition	DOE024 (40/00)
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After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND I D SAMON, LIVIO 6105 SW 129TH PL., #1810	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADD	Trust Fund Contribution	Add	ded to Fees DRS IN 11 e Addition	CD2E034 (10/02)
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12. Thereby certify that the information supplied with this filling 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.

SIGNATURE: