

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90021 026 ***150.00

24049075



DOCUMENT # P01000044491 1. Entity Name DESYSKO CORP.																			
Principal Place of Business 1001 BRICKELL AVE, SUITE 1400 MIAMI, FL 33131		Mailing Address 1400 BRICKELL AVE, SUITE 1400 MIAMI, FL 33131																	
2. Principal Place of Business 40205 FISHER Island DR Suite, Apt. #, etc. FISHER ISLAND, FL City & State 33109 Zip Country USA		3. Mailing Address 40205 FISHER Island DR Suite, Apt. #, etc. FISHER ISLAND, FL City & State 33109 Zip Country USA																	
4. FEI Number 80-0007195		Applied For Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS INC 200 S BISCAYNE BLVD 43RD FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																	
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, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete</td> </tr> <tr> <td>NAME</td> <td>TCHINNOSIAN, JORGE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>40205 FISHER ISLAND DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33109</td> </tr> </table>		TITLE	Delete	NAME	TCHINNOSIAN, JORGE	STREET ADDRESS	40205 FISHER ISLAND DR	CITY-ST-ZIP	MIAMI, FL 33109	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 fees empowered.																			
SIGNATURE: _____ Date _____ Daytime Phone # _____																			