


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90384 012 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P01000070351</b>			
1. Entity Name <b>DINAS SOUTH, INC.</b>			
Principal Place of Business <b>3319 NW 74TH AVENUE MIAMI, FL 33122</b>		Mailing Address <b>3319 NW 74TH AVENUE MIAMI, FL 33122</b>	
2. Principal Place of Business <b>8410 NW 70 street</b>		3. Mailing Address <b>8410 NW 70 street</b>	
State of Inc. <b>FL</b>		State of Reg. <b>FL</b>	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33166</b>		Zip <b>33166</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1159975</b>		Approval Fee <b>NO</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARBERI, JULIO 3319 NW 74TH AVENUE MIAMI, FL 33122</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. This filer hereby certifies that the information furnished herein is true and correct, and that the filer is the duly authorized officer or agent of the corporation, and that the filer is not a disqualified person under the provisions of the Florida Statutes.			
SIGNATURE: _____			
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>BARBERI, JULIO</b>	TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>
STREET ADDRESS <b>10983 NW 48TH LANE</b>	CITY & STATE <b>MIAMI, FL 33178</b>	STREET ADDRESS <input type="checkbox"/>	CITY & STATE <input type="checkbox"/>
TITLE <b>VP</b>	NAME <b>VELASQUEZ, LUIS E</b>	TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>
STREET ADDRESS <b>3319 NW 74TH LANE</b>	CITY & STATE <b>MIAMI, FL 33122</b>	STREET ADDRESS <b>8410 NW 70 street</b>	CITY & STATE <b>Miami FL 33166</b>
TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>	TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>
STREET ADDRESS <input type="checkbox"/>	CITY & STATE <input type="checkbox"/>	STREET ADDRESS <input type="checkbox"/>	CITY & STATE <input type="checkbox"/>
TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>	TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>
STREET ADDRESS <input type="checkbox"/>	CITY & STATE <input type="checkbox"/>	STREET ADDRESS <input type="checkbox"/>	CITY & STATE <input type="checkbox"/>
TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>	TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>
STREET ADDRESS <input type="checkbox"/>	CITY & STATE <input type="checkbox"/>	STREET ADDRESS <input type="checkbox"/>	CITY & STATE <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), Florida Statutes. I further certify that the information included on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the holder of a power of attorney, 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 in an attachment with an address, with all other information stated.			
SIGNATURE: _____		<b>4-26-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		LSP	

14012256



04212005 Chg-P CR2E034 (10/03)