



2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90004 003 ***550.00

DOCUMENT # P01000115574			
1. Entity Name DYMA INVESTMENT, INC.			
Principal Place of Business 5900 NW 99TH AVE 7 MIAMI FL 33178		Mailing Address 5900 NW 99TH AVE 7 MIAMI FL 33178	
2. Principal Place of Business - No P.O. Box # 6010 NW 99 AVE Suite, Apt. #, etc. 100 City & State Doral, FL Zip 33178 Country USA		3. Mailing Address 6010 NW 99 AVE Suite, Apt. #, etc. 100 City & State Doral, FL Zip 33178 Country USA	
6. Name and Address of Current Registered Agent PRADO, JOHANNA 5900 NW 99TH AVE 7 MIAMI FL 33178		7. Name and Address of New Registered Agent Name Oscar Puig-Corts Street Address (P.O. Box Number is Not Acceptable) 52 0232 NW 112 Place City Doral FL Zip Code 33178	
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  DATE 5/12/08 <small>Signature, typed or printed name of registered agent and state for applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 JUAN DIEGO, AMADOR 5900 NW 99TH AVE MIAMI FL 33178 <input checked="" 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	PD Oscar Puig Corts 0232 NW 112 Place Doral FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar Puig-Corts 5/12/08 786 201 2620

Date

Daytime Phone #