2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/7

FILED
May 14, 2004 8:00 am
Secretary of State
04-26-2004 91030 010 ***150.00

DOCUMENT # P02000076776

1. Entity Name
DYL, INC.

66421699

Principal Place of Business	Mailing Address
27652 BREAKERS DR WESLEY CHAPEL, FL 33543	27652 BREAKERS DR WESLEY CHAPEL, FL 33543

02142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-4503042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AFOLABI, ADETOUN A 27652 BREAKERS DR WESLEY CHAPEL, FL 33543	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AFOLABI, ADETOUN A		NAME		
STREET ADDRESS	27652 BREAKERS DR		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	PRESIDENT	CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AFOLABI, JOSEPH O		NAME		
STREET ADDRESS	27652 BREAKERS DR	VICE PRESIDENT	STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AFOLABI, ABAYOMI O		NAME		
STREET ADDRESS	27652 BREAKERS DR		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	DIRECTOR	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☒ Addition
NAME			NAME	DIEUDONNE, JEAN	
STREET ADDRESS			STREET ADDRESS	9202 DAY FLOWER DRIVE	DIRECTOR PROFESSIONAL SERVICES
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33647	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 like empowered.

SIGNATURE: [illegible] ADETOUN AFOLABI A 02/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #