



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY -3 PM 12:28

TALLAHASSEE, FLORIDA

DOCUMENT # P02000117399 1. Entity Name DYLL-C CORP.					
Principal Place of Business 10231 FONTAINEBLEAU BLVD. STE: 203 MIAMI, FL 33172			Mailing Address 10231 FONTAINEBLEAU BLVD. STE: 203 MIAMI, FL 33172		
2. Principal Place of Business <u>9390 SW 83 St.</u>		3. Mailing Address <u>9390 SW 83 St.</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004 Chg-P CR2E034 (10/03)	
City & State <u>MIAMI, FL.</u>		City & State <u>MIAMI, FL.</u>		4. FEI Number 04-3720391	
Zip <u>33173</u>		Country <u>USA</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRERA, CHRISTIAN 10231 FONTAINEBLEAU BLVD. STE:203 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name <u>CORPORATE PROCESS SERVICE</u> Street Address (P.O. Box Number is Not Acceptable) <u>2300 CORAL WAY SUITE 201</u> City <u>MIAMI</u> FL Zip Code <u>33145</u>	
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 <u>Luznery Cabrera</u> <u>PRESIDENT</u> <u>4/29/04</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CABRERA, CHRISTIAN 10231 FONTAINEBLEAU BLVD. #203 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CABRERA, LUZNERY 10231 FONTAINEBLEAU BLVD. #203 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: <u>Luznery Cabrera</u> <u>Sec.</u> <u>4/28/04</u> <u>305-804-4606</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					