


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90013 022 \*\*\*158.75

**DOCUMENT # P0300001177**

1. Entity Name  
**DYTEX, CORP.**



Principal Place of Business  
**780 NW 42 AVE.  
 SUITE 420  
 MIAMI, FL 33126**

Mailing Address  
**780 NW 42 AVE.  
 SUITE 420  
 MIAMI, FL 33126**

**44014829**



2. Principal Place of Business  
**5118 Harrogate Ct.**

3. Mailing Address  
**5118 Harrogate Ct.**

Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

Zip  
**34112**

Country  
**Collier**

Zip  
**34112**

Country  
**Collier**

4. FEI Number  
**20-0272542**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A**  
**780 NW 42 AVE.**  
**SUITE 420**  
**MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name  
**NELSON De LA TORRE**

Street Address (P.O. Box Number is Not Acceptable)  
**1215 Reserve Way # 204**

City  
**NAPLES**

FL  
**34105**

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 **Nelson De La Torre** *Nelson De La Torre* **02/11/2004**

Signature, typed or printed name of registered agent and title if applicable. (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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA TORRE, NELSON 780 NW 42 AVE. SUITE 420 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, CRISTINA 780 NW 42 AVE. SUITE 420 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President De la Torre, Nelson 1215 Reserve Way # 204 NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Acosta, Cristina 1215 Reserve Way # 204 NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Nelson De La Torre** *Nelson De La Torre* **President** **02/11/2004** **239 2611358**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #