

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90002 003 \*\*\*163.75

**DOCUMENT #** P 03000012190

1. Entity Name

DISLAFARM, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1005 S.W. 121 Court

Suite, Apt. #, etc.

3. Mailing Address

6317 S.W. 11 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida 33184

City & State

Miami, Florida 33144

4. FEI Number

56-2317986

Applied For

Not Applicable

Zip

33184

Country

Miami-Dade

Zip

33144

Country

Miami-Dade

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE A. PEREZ

Street Address (P.O. Box Number is Not Acceptable)

6317 S.W. 11 Street

City

Miami

FL

Zip Code  
33144

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
PTD  
MORALES, ERWIN H  
1005 S.W. 121ST COURT  
MIAMI FL 33184 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
MORALES, SILVIA P  
1005 S.W. 121ST COURT  
MIAMI FL 33184 ☐ Delete

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SILVIA MORALES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034B (12/02)

ATTACHMENT

40088498

# P03000012190

**Jose A. Perez**  
**6317 SW 11 Street**  
**Miami, FL 33144**

PHONE (305) 261-6417

June 12, 2005

Division of Corporations

I am very sorry for the delay of sending this report.  
It look that the people from Dislafarm never send the  
report given to them or misplaced it.

Please accept this payment

*Jose A. Perez*