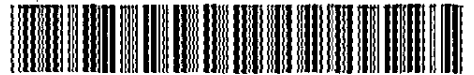


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000012190 1. Entity Name DISLAFARM, INC.					
Principal Place of Business 1005 S.W. 121ST COURT MIAMI FL 33184			Mailing Address 6317 S.W. 11TH STREET MIAMI FL 33144		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2317986	
6. Name and Address of Current Registered Agent PEREZ, JOSE A 6317 S.W. 11TH STREET MIAMI FL 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS					
TITLE	PTD	☐ Delete			
NAME	MORALES, ERWIN H				
STREET ADDRESS	1005 S.W. 121ST COURT				
CITY- ST- ZIP	MIAMI FL 33184				
TITLE	SD	☐ Delete			
NAME	MORALES, SILVIA P				
STREET ADDRESS	1005 S.W. 121ST COURT				
CITY- ST- ZIP	MIAMI FL 33184				
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
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TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Add					
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Add					
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Add					
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Add					
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Add					
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Add					

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.



1st MOORE CR2E034 (10/05)

Applied Fee
Not Applied

FL Zip Code

U00000501920
04/25/06-80084-007 150.00

3/26/06