2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # P03000012190 1. Entity Name DISLAFARM, INC. Mailing Address Principal Place of Business 6317 S.W. 11TH STREET MIAMI FL 33144 1005 S.W. 121ST COURT MIAMI FL 33184 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato Applied For 4. FEI Number 56-2317986 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, JOSE A 6317 S.W. 11TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAM FL 33144 City 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. Signature, typed or printed name of registered agent and title i applicable (NOTE: Registered Agent signature required when reinstating) ĐATE FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THUE ☐ Defete ODE. Change ☐ Addition MORALES, ERWIN H NAMI 1005 S.W. 121ST COURT STRUET ADDRESS STREET ADDRESS U00000747502 **MIAMI FL 33184** CITY-ST-ZIP CITY-ST-ZIP 05/17/07-80028-011 158.75 Delete ☐ Change ■ Addition MORALES, SILVIA P NAMI 1005 S.W. 121ST COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33184 CITY-S1-ZIP COLY-S1-ZIP ☐ Delate Change Addition NAME STREET ADDRESS STREEL ADDRESS CHY-St-/IP CHY-SI-ZIP THE Detere ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THILE Delete THE Change Addition

12. I heroby 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 logal 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 attackment with an address with all other like empowered.

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STREET ADDRESS

STREET ADDRESS

CHY-SI-7IP

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NAMI STREET ADDRESS

TITLE

NAME

CJTY-ST-7IP

STREET ADDRESS

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ERWIN MORALES

Delete

305 261-6417

Change

Addition