



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90153 028 ***150.00

DOCUMENT # P03000052753			
1. Entity Name DIXY CORPORATION			
Principal Place of Business 15340 SW 106 TERRACE APT. 805 MIAMI, FL 33191		Mailing Address 15340 SW 106 TERRACE APT. 805 MIAMI, FL 33191	
2. Principal Place of Business 6741 SW 24th STREET		3. Mailing Address 6741 SW 24th STREET	
Suite, Apt. #, etc. 59		Suite, Apt. #, etc. 59	
City & State MIAMI - FL		City & State MIAMI - FL	
Zip 33155		Zip 33155	
Country USA		Country USA	
4. FEI Number 30-0176355		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAO JOSE, MARCELO 15340 SW 106 TERRACE APT. 805 MIAMI, FL 33191		7. Name and Address of New Registered Agent Name SAO JOSE, MARCELO Street Address (P.O. Box Number is Not Acceptable) 6741 SW 24th STREET #59 City MIAMI FL Zip Code 33155	
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 _____ 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	PSTD SAO JOSE, MARCELO 15340 SW 106 TERRACE APT. 805 MIAMI, FL 33191 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAO JOSE, MARCELO 6741 SW 24th STREET MIAMI - FL - 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			