


06-15-2007 90022 009 150.00
P03000052753

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P03000052753**

1. Entity Name
Dixy Corporation



FILED

07 JUL 18 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40120892

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24710 SW 109 PL
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Princeton FL

City & State
Princeton FL

Zip
33032

Country
USA

4. FEI Number
30-096355

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Marcelo So Jose

Street Address (P.O. Box Number is Not Acceptable)
24710 SW 109 PL

City
Princeton

FL

Zip Code
33032

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 _____

Signature, type name of individual or registered agent and file if applicable. (NOTE: Registered Agent signature required when terminating.)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

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	Owner MARCELO SO JOSE 24710 SW 109 PL Princeton, FL 33032	TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	B7/19/07	TITLE NAME STREET ADDRESS CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), 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 I-40 employees.

SIGNATURE: *[Signature]* **06.01.2007 13032625454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Per conversation sent form before May, 2007 but nothing was received