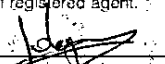


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90031 011 ***150.00

DOCUMENT # P03000105415 1. Entity Name DYG, INC.					
Principal Place of Business 3255 NE 184TH STREET 12-407 AVENTURA, FL 33160			Mailing Address 3255 NE 184TH STREET 12-407 AVENTURA, FL 33160		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03292005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0250086				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOYAL ACCOUNTING SERVICES, INC. 208 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name GC BUSINESS SOLUTIONS Street Address (P.O. Box Number is Not Acceptable) 7601 E. TREASURE DRIVE # 810 NORTH BAY VILLAGE City FL Zip Code 33141	
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:  JEAN DAVID GANEM PRESIDENT 03/30/05 Signature of and or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P GANEM, DEBORAH 3255 NE 184TH STREET, #12-407 AVENTURA, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADJASE, DEBORAH 3255 NE 184TH STREET, # 12-407 AVENTURA FL 33160	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GANEM, JEAN-DAVID 3255 NE 184TH STREET, #12-407 AVENTURA, FL 33160	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  DEBORAH HADJASE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			03-29-05 786-626-1817 Date Daytime Phone #		