2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060238

Entity Name: DIN ENTERPRISES, INC

FILED Apr 29, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
4337 SOUTH BEND CIRCLE W. JACKSONVILLE, FL 32207 US				6469 BALLE JACKSON\	EJO CT. N. /ILLE, FL 322	210	US	
Current Mailing Address:				New Mailing Address:				
4337 SOUTH BEND CIRCLE W. JACKSONVILLE, FL 32207 US				6469 BALLE JACKSON\	EJO CT. N. /ILLE, FL 322	210	US	
FEI Number:	20-0996576	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certi	ficate of Status De	sired ()
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of N	New R	Registered Age	nt:
KARIC, HAJRUDIN 4337 SOUTH BEND CIRCLE W. JACKSONVILLE, FL 32207 US				MCMAHON, AMY L 6469 BALLEJO CT. N. JACKSONVILLE, FL 32210 US				
The above in the State		bmits this statement for the p	urpose o	f changing it	s registered o	office o	or registered age	ent, or both,
SIGNATURE: AMY L. MCMAHON				04/29/2005				
Electronic Signature of Registered Agent				Date				
Election Cam	paign Financing	Frust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DIR () E MCMAHON, AMY 6469 BALLEJO C JACKSONVILLE,			Title: Name: Address: City-St-Zip:	() Chang	ge () Addition	
Title: Name: Address: City-St-Zip:	VP () E GOLIC, AVDULAH 3541 VICTORIA F JACKSONVILLE,	PARK #354		Title: Name: Address: City-St-Zip:	VP (X GOLIC, AVDUL 6226 BARNES JACKSONVILL	AH RD. S.	•	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	SEC (MUSIC, ADMIR 4337 SOUTH E JACKSONVILL	END C		
Title: Name: Address: City-St-Zip:	()	Pelete		Title: Name: Address: City-St-Zip:	TREA (MEHMEDOVIC 2902 LANTANA JACKSONVILL	, MEVL DRIVE	E W.	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY L. MCMAHON DIR 04/29/2005