## FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90112 050 \*\*\*150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT							
DOCUMENT # P04000069575							

Mailing Address	1. Entity Name DIAL PRO	DDUCCIONES, CORP.									
Surie. Apt. 4. etc.	4704 NW 11	4 AVE., STE. 202	02 4704 NW 114 AVE., STE. 202								
City & State    City & State   City & City & State   City & City & State   City & City & City & State   City & City & State   City & City & City & State   City & Ci	2. Principal Pl	ace of Business	3. Mailing Address	- 74	and the same transfer						
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional Fee Prequired   \$8.75 A	Suite, Apt.	#. etc.	Suite, Apt. #, etc.			04132005	Chg-P	CR2E03	4 (10/03)		
S. Cartificate of Status Desired   Fee Required   S. Cartificate of Status Desired   Fee Required   S. Cartificate of Status Desired   Fee Required   S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigologic of registered agent, or both, in the State of Fordica. Tam familiar with, and accept the ochigon of the ochigon ochigon of the ochigon ochigon ochigon ochigon ochigon ochigon och	City & State		City & State					72	<u> </u>		
Name	Žip			Coun	try		·	- \$			
DIAZ SICILIA, INOLDO J 4704 NW 114 AVE., STE. 202  MIAMI, FL 33178  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  City FL Zip Code  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Sirest Address (PO Box Number is Not Acceptable)  Date  Da		6. Name and Address of Current P	Registered Agent			7. Name and	Address of New Re	gistered A	gent		
MIAMI, FL 33178  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered adject or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and see if addicate in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    Speaular, highed to offined name of registered agent and see if addicate.   (NOTE, Registered Agent signature required when historial)   DATE			<del></del>			(P.O. Bax Number	is Not Acceptable)	<del></del>	<del>-</del>		
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent.  SIGNATURE  SPANUE SPANUE SPANUE SPANUE PROBLEM STORM STATE SPANUE SPANUE PROBLEM STATEMENT SPANUE SPANUE PROBLEM STORM SPANUE SPANUE PROBLEM STATEMENT SPANUE SPANUE PROBLEM SPANUE PROBLEM SPANUE SPANUE PROBLEM SPANUE SPANUE PROBLEM SPANUE PROBLEM SPANUE PROBLEM SPANUE SPANUE PROBLEM SPANUE PROBLEM SPANUE SPANUE PROBLEM SPANUE PROB		•	Silver Address (F. C. Box Normal Is Not Acceptable)								
SIGNATURE   Spalura speed or princip change of agent and side if ecologistic in the cologistic in the					City		·	FL	Zip Code	)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  10. OPFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  P. DIAZ SICILIA, INOLDO J 3704 W114 AVE., STE. 202 CITY-SI-2P  MIMAM, FL 33178  TITLE V PEREZ, JAVIER D PEREZ,			the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Flor	ida. I am la	miliar with,	and accept	
### After May 1, 2005 Fee will be \$550.00    10.	SIGNATURE.	Signature, typed or printed name of registered agent are	nd title if applicable. (NOT	E. Registere	d Agent signature required	d when reinstating)	···	DATE			
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		pertify that the information supplied with	this living does not qualify fo			ection 119.07(3)(i	), Florida Statutes. I	further certi	fy that the ir	formation	

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ther like empowered.

MANE OF SIGNING OFFICER OR DIRECTOR