

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099133

FILED
Jan 20, 2009
Secretary of State

Entity Name: DICON INTERNATIONAL USA, CORP.

Current Principal Place of Business:

3300 NW 112 AVENUE UNIT 7
DORAL, FL 33178

New Principal Place of Business:

3300 NW 112 AVENUE UNIT 7
DORAL, FL 33172

Current Mailing Address:

3300 NW 112 AVENUE UNIT 7
DORAL, FL 33178

New Mailing Address:

3300 NW 112 AVENUE UNIT 7
DORAL, FL 33172

FEI Number: 26-3670513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, MARIA LUZ
8164 NW 108TH PLACE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTIZ, SEBASTIAN
Address: 3300 NW 112 AVENUE UNIT 7
City-St-Zip: DORAL, FL 33178

Title: V () Delete
Name: EGAN, CLARA E
Address: 3300 NW 112 AVENUE UNIT 7
City-St-Zip: DORAL, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORTIZ, SEBASTIAN
Address: 3300 NW 112 AVENUE UNIT 7
City-St-Zip: DORAL, FL 33172

Title: V (X) Change () Addition
Name: EGAN, CLARA E
Address: 3300 NW 112 AVENUE UNIT 7
City-St-Zip: DORAL, FL 33172

Title: MGR () Change (X) Addition
Name: MARTINEZ, MARIA L
Address: 3300 NW 112 AVE UNIT # 7
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SEBASTIAN ORTIZ

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date