2008 FOR PROFIT CÓRPÓRATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P93000048162

1. Entity Name

DINAH INVESTMENTS CORP.



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2762 NW 62ND STREET MIAMI, FL 33147-7662 US

2762 NW 62ND ST MIAMI, FL 33147-7662 US



† (60) 06 † 0 !	0100	RIIL ARAN BARAN KAIRN IIRIR BIINA II	
01302008	No Cha-P	CR2E034 (11/05)	

4. FEI Number Applied For 65-0424409 Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, RENE 2762 NW 62ND STREET MIAMI, FL 33147

changed, or on an attachment with an address

SIGNATURE AND TYPED OR P

SIGNATURE:

DO NOT WRITE

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_	, , , , , , , , , , , , , , , , , , ,							1 1		
, SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable, (NOTE: Registered	Agent signature r	equired when reinstating)	********	DATE	1, 41, 1, 153	10		
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees				• • • •		
. 10.	OFFICERS AND DIREC	CTORS	J	The same of the sa		5.5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\Delta a_{ij} = \sum_{i=1}^{n} \left(\sum_{i=1}^{n} a_{ij} \sum_{i=1}^{n} a_{ij} \right)$	1.5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, RENE 2762 NW 62 ST MIAMI, FL					00815107				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, RAYMOND 2766 NW 62ND ST MIAMI, FL 33147					3-80071-00	8 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		DÓ	NOT	NRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS S	PACE		を持ち		
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP										
12. I hereby of indicated of the corr	ertify that the information supplied with this f on this report or supplemental report is fibe a poration or the receiver or trustee empowerer	iling does not qualify for the exe and accurate and that my signate d to execute this report as requir	mptions cont ure shall have ed by Chapte	ained in Chapter 11 the same legal effe or 607, Florida Statut	9, Florida Statutes ot as if made und es; and that my n	s. I further certify the er oath; that I am ar ame appears in Blo	nat the information officer or direction to the control of the con	on itor		