2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

CITY-ST-ZIP

SIGNATURE:

FILED
Jan 24, 2007 08:00 AM
Secretary of State

ANNUAL REPURI				Jan 27, 2007 00.00		
DOCU	MENT # P930000618	383		i	Secretary of Sta	
1. Entity Nar	ne DISALES INC.					
G. AUTC	OSALES INO.					
· ·	ce of Business	Mailing Address				
2534 S.W. 1 Miami, FL 3	I13TH PLACE 33165	2534 S.W. 113TH PLACE Miami, Fl 33165				
}						
, is						
				01192007 No Chg-P	CR2E034 (11/05)	
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For	
, , ,	A Company of the Comp	ا غ مۇنى		65-0434016 5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
	6. Name and Address of Current R	egistered Agent	, , , , , , , , , , , , , , , , , , , ,	5. Certificate of Status Desired	Fee Required	
GARCIA	SILVINO A	<u> </u>		DO NOT W	A sum a manipum	
2534 S.W	. 113TH PLACE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DO NOT V	and the second of the second o	
MIAMI, FL	. 33103		in the state of th	IN THIS S	PACE	
:		<u> </u>		ings.		
8. The above the obliga	e named entity submits this statement or t tions of registered agent	he purpose of changing its registe	red office or registere	ed agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE	(X)/1/mo He	in			1/19/07.	
. '	Signatura! Wood or printed name of registered agent an	<u> </u>	ed Agent signature required in	when reinstating)	DATE	
FIL After M	.E NOWIII FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		00 May Be d to Fees	- · · · ·	
10.	OFFICERS AND D	RECTORS				
NAME	GARCIA, SILVINO A				The same of the sa	
STREET ADDRESS CITY-ST-ZIP	2534 S.W. 113TH PLACE MIAMI, FL 33165					
TITLE NAME			1	, ያ	nncooke	
STREET ADDRESS			fa been	01/25/0	00599745 7-80040-002 1 5 0:00	
CITY-ST-ZIP			1 .	и	.,	
NAME STREET ADDRESS					in the second second	
C/TY-ST-ZIP				DONOTV	•	
TITLE NAME				IN THIS S	PACE	
STREET ADORESS CITY-ST-ZIP			A. S. C.		rection of the second of the s	
TITLE			1	The state of the s	The state of the s	
NAME STREET ADDRESS				Market Committee (1997)		
CITY-ST-ZIP			Professional assess		and the second s	
TITLE NAME				and the second of the second o		
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12. I hereby certify that the information sypplied with this filling does not qualify for the exemptions contained 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 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 trueted 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 a agrees, with all other like empowered.

PED-OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

1/19/07.

305-444-1953

Daytime Phone #