


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90002 024 ***150.00

DOCUMENT # P94000046530 1. Entity Name DIC CORP.					
Principal Place of Business 8206 NW 30 TEK MIAMI, FL 33122			Mailing Address 8206 NW 30 TEK MIAMI, FL 33122		
2. Principal Place of Business 8206 NW 30TH TERRACE		3. Mailing Address 8206 NW 30TH TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 65-0499693	
Zip 33122		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAUB, ADRIANA E 3037 NW 82 AVE SUITE # 13 MIAMI, FL 33122		7. Name and Address of New Registered Agent Name ADRIANA E. HAUB. Street Address (P.O. Box Number is Not Acceptable) 8206 NW 30TH TERRACE City MIAMI FL Zip Code 33122			
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 X <i>[Signature]</i> X <i>Adriana E Haub.</i> 01/12/2004 <small>Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUB, ADRIANA 8206 NW 30 TEK MIAMI, FL 33122 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/12/04 (305) 9941800 <small>Date Daytime Phone #</small>		