


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/4/2004-90074-022-\$145.00-\$145.00

DOCUMENT # P96000072855 1. Entity Name DILANDO, INC.					
Principal Place of Business 5408 N.W. 72 AVE. MIAMI FL 33166 US			Mailing Address MARIA V ESPINAL 3526 NW 16 TERR MIAMI FL 33125 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESPINAL, MARIA V 3526 NW 16TH TERRACE MIAMI FL 33125				Name ORLANDO DIAZ Street Address (P.O. Box Number is Not Acceptable) 3526 NW 16 TERR City MIAMI, FL City MIAMI FL Zip Code 33125	
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 ORLANDO DIAZ <i>[Signature]</i> DATE 02-18-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <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	PD <input type="checkbox"/> Delete ESPINAL, MARIA V 3526 N.W. 16 TER MIAMI FL 33125		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ORLANDO DIAZ SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300029447359 02/26/04--01016--013 **\$5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: MARIA V ESPINAL <i>[Signature]</i> MARIA VIRGINIA ESPINAL 01-28-04 (305) 8701010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Orlando Diaz

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 26 AM 8:00



MOORE CR2E034 (11/03)

MRK

4. FEI Number **65-0692384** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESPINAL, MARIA V
3526 NW 16TH TERRACE
MIAMI FL 33125**

Name **ORLANDO DIAZ**
Street Address (P.O. Box Number is Not Acceptable)
3526 NW 16 TERR
City **MIAMI, FL**
City **MIAMI** **FL** Zip Code **33125**

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SIGNATURE **ORLANDO DIAZ** *[Signature]* DATE **02-18-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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SIGNATURE: **MARIA V ESPINAL** *[Signature]* **MARIA VIRGINIA ESPINAL** **01-28-04** **(305) 8701010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #