


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90009 037 ***150.00

DOCUMENT # P97000038439		
1. Entity Name DIMELO CANTANDO, CORP		

Principal Place of Business 1000 PONCE DELEON 319 CORAL GABLES, FL 33134 US	Mailing Address 1000 PONCE DELEON 319 CORAL GABLES, FL 33134 US
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2. Principal Place of Business 1000 PONCE DE LEON 319 Suite, Apt. #, etc. 319 City & State Coral Gables Fla Zip 33134 Country USA	3. Mailing Address 1000 PONCE DE LEON Suite, Apt. #, etc. 319 City & State Coral Gables Fla Zip 33134 Country USA
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01062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0749858	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VARA, VIRGILIO 1541 BRICKELL AVE APT 2804 MIAMI, FL 33129	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Virgilio Vara <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE 1/12/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP VARA, VIRGILIO 1541 BRICKELL AVE APT 2804 MIAMI, FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP GEVAS, STEVEN J 300 S POINTE DR # 403 MIAMI, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP VARA VIRGILIO 5757 COLLINS AVE 1404 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Virgilio Vara <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 1/12/04 (305) 774-0091 <small>Daytime Phone #</small>