## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000025966

ALBANO, GIOVANNA

MIAMI, FL 33131

540 BRICKELL KEY DRIVE., #1213

Name:

Address:

City-St-Zip:

FILED May 04, 2007 Secretary of State

Entity Name: DISA INVESTMENTS INC. **Current Principal Place of Business: New Principal Place of Business:** 540 BRICKELL KEY DRIVE. **SUITE 1213** MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** 540 BRICKELL KEY DRIVE SUITE 1213 MIAMI, FL 33131 FEI Number: 65-0820592 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPEZ, PETER M PA DOMENICO, ALBANO 1200 BRICKELL AVE 1200 BRICKELL AVE SUITE 860 SUITE 860 MIAMI, FL 33131 US MIAMI, FL 33131 US 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. SIGNATURE: DOMENICO ALBANO 05/04/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ALBANO, ANTONIO Name: Name: 540 BRICKELL KEY DRIVE., #1213 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DE ALBANO, CATERINA S Name: 540 BRICKELL KEY DRIVE., #1213 Address: Address: MIAMI, FL 33131 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ALBANO, DOMENICO Name: Name: 540 BRICKELL KEY DRIVE., #1213 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

|  | SIGNATURE: DOMENICO ALBANO | D | 05/04/2007 |
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