

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90005 008 ***150.00

DOCUMENT # P98000048160 1. Entity Name DIS ENTERPRISES, INC.					
Principal Place of Business 2115 S ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118 5015 US HWY 19N NEW PORT RICHEY, FL 34652			Mailing Address 2115 S ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118 5015 US HWY 19N NEW PORT RICHEY, FL 34652		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
5312005 Chg-P CR2E034 (10/03)				4. FEI Number 59-3513950	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHAIKH, JUTTA 5015 US HWY 19 N NEW PORT RICHEY, FL 34652			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SHAIKH, JUTTA 5015 US HWY 19N NEW PORT RICHEY, FL 34652		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"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Shaikh Jutta 5/31/05 7278498551 <small>Date Daytime Phone #</small>		