

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000053150

1. Entity Name
DILIB, INC.



Principal Place of Business
6070 PEMBROKE ROAD
MIRAMAR, FL 33023

Mailing Address
6070 PEMBROKE ROAD
MIRAMAR, FL 33023

FILED

04 FEB 20 PM 3:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0845777

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KREILING ON ROAD, EDWARD P
2500 WESTON ROAD
WESTON, FL 33331

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHANSON, SOSAN
6070 PEMBROKE RD
MIRAMAR, FL 33032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
POLSELLI, RUDOLPH
6070 PEMBROKE RD
MIRAMAR, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900029298439
02/24/04--01027--016 **150.00

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUSAN JOHANSON

2-17-04

954-961-0112