2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

DOCUMENT # P990									
DOCUMENT # P99000053399 1. Entity Name DIFERCO CORPORATION					04-22-2004 90027 046 ***150.00				
Principal Place of Business		ng Address 5 NW 25 STREET	·············			ų	14UD	2310	
7225 NW 25 STREET #214	#21								
MIAMI, FL 33122	MIAN	VII, FL 33122				F INIES ISKII SNIAI NSIII SNII			
2. Principal Place of Business 3		3. Mailing Address 10373 SW 138 PL							
Suite, Apt. #, etc.		10373 SW 138 PL Suite, Apt. #, etc. 1/201, FL		·	03262004	Chg-P	CR2E	034 (10/03)	
City & State		City & State		4. FEI Number Applied For 65-0926284 Applied For Not Applicate					
Zip Country	Zip -S	3/86	Country $oldsymbol{\mathcal{U}}_{\underline{\begin{subarray}{c} \end{subarray}}}$	S	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address	s of Current Registere	ed Agent	Nesse	7. Name and Address of New Registered Agent					
ARAGON, ALEJANDRO			Name						
10373 SW 138 PLACE			Street	Address (P.O. Box Numb	er is Not Acceptable	e)		
MIAMI, FL 33186								•	
			City				F	Zip Cod	e
8. The above named entity submits this	statement for the purp	oose of changing its	registered office	or register	ed agent, or bo	th, in the State of Flo	orida. I an	n familiar with,	and accept
the obligations of registered agent.									
SIGNATURESignature, typed or printed name of									
	registered abent and title it act	plicable. (NOTE	: Registered Agent sign	ature required	(when reinstation)		DATE		
Signature, types of printed institution	registered agent and title if app	plicable. (NOTE	Registered Agent sign	ature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$1 After May 1, 2004 Fee will	150.00	9. Election Campai Trust Fund Contr 9. Election Campai 1. Trust Fund Contr 1. Trust Fund	gn Financing _	\$5.	.00 May Be		DATE		
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12. I hereby certify that the information sympliced 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 receive of plastee 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 of accurate and place in the second of the corporation of the receive of plastee empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED WIME OF SIGNING OFFICER OR DIRECTOR

305 388 4463

Daytime Phone #