


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # V12516 | |  |
| 1. Entity Name DISYS CORP. | | |
| Principal Place of Business 1121 CRANDON BOULEVARD SUITE D108 KEY BISCAVNE, FL 33149 US | Mailing Address C/O FRANK J. STELLA, JR. 305 NORTHERN BLVD GREAT NECK, NY 11021 US | |



02192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 65-0311885 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent SEMET LICKSTEIN MORGENSTERN BERGER FRIEND 201 ALHAMBRA CIRCLE SUITE 1200 CORAL GABLES, FL 33134 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRANK, SEYMOUR 1121 CRANDON BLVD KEY BISCAVNE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SINETAR, SIDNEY 27 PARK AVE LIDO BCH, NY |
| 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 | |

000000262913
03/14/05-80079-005 150.00

**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: Sidney Sinetar SIDNEY SINETAR 3/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #