


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90030 041 ***150.00

DOCUMENT # V50523					
1. Entity Name DYSAM, INC.					
Principal Place of Business 7290 W 20TH AVENUE HIALEAH, FL 33016 US			Mailing Address 7290 W 20TH AVENUE HIALEAH, FL 33016 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0344770	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHAPIRO, IRA R. 13899 BISCAYNE BLVD SUITE 400 MIAMI, FL 33181				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DYKMAN, ISMAEL			NAME	
STREET ADDRESS	20305 NE 19TH CT			STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DYKMAN, CELIA			NAME	
STREET ADDRESS	20305 NE 19TH CT			STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>[Signature]</i> CELIA DYKMAN				3-26-04 (305) 558-7212	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

94040271



03262004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0344770** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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SIGNATURE: *[Signature]* CELIA DYKMAN 3-26-04 (305) 558-7212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #