

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50523

Entity Name: DYSAM, INC.

FILED
Feb 02, 2005
Secretary of State

Current Principal Place of Business:

7290 W 20TH AVENUE
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

7290 W 20TH AVENUE
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 65-0344770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, IRA R.
13899 BISCAYNE BLVD
SUITE 400
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DYKMAN, ISMAEL,
Address: 20305 NE 19TH CT
City-St-Zip: N MIAMI BEACH, FL

Title: D () Delete
Name: DYKMAN, CELIA,
Address: 20305 NE 19TH CT
City-St-Zip: N MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORDON CESAR,
Address: 7330 NW 114 AVE, APT 112
City-St-Zip: DORAL, FL 33178

Title: D (X) Change () Addition
Name: RUANO JOHANA,
Address: 13934 SW 90 AVE, CC104
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORDON CESAR

D

02/02/2005

Electronic Signature of Signing Officer or Director

_____ Date