

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/200

FILED
Jun 23, 2004 8:00 am
Secretary of State

05-03-2004 91040 020 ***150.00

DOCUMENT # P03000058512 1. Entity Name DIARTE CORP.					
Principal Place of Business 2706 CYPRESS LANE WESTON, FL 33332			Mailing Address 2706 CYPRESS LANE WESTON, FL 33332		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03-0517861	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRONCONE, MONIQUE CPA 499 E PALMETTO PARK RD SUITE 207 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name MONIQUE TRONCONE CPA Street Address (P.O. Box Number is Not Acceptable) 499 E Palmetto Park Rd. Suite 207 City Boca Raton FL Zip Code 33432	
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 _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVLETIAN, DIRAN 2584 COCO PLUM BLVD UNIT 104 BOCA RATON, FL 33496	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVLETIAN, MARIA T 2584 COCO PLUM BLVD UNIT 104 BOCA RATON, FL 33496	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: DIAN DEVLETIAN 4-28-04					