


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90006 047 \*\*\*150.00

**DOCUMENT # P94000093276**

1. Entity Name  
**DIETER INVESTMENTS, INC.**



Principal Place of Business  
**104 CRANDON BLVD**  
**409**  
**KEY BISCAVAYNE, FL 33149**

Mailing Address  
**104 CRANDON BLVD**  
**409**  
**KEY BISCAVAYNE, FL 33149 US**

**44001604**



2. Principal Place of Business  
**2828 SW 22<sup>ND</sup> ST**  
 Suite, Apt. #, etc.  
**# 208**

3. Mailing Address  
**2828 SW 22<sup>ND</sup> ST.**  
 Suite, Apt. #, etc.  
**#208**

01072004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

4. FEI Number  
**65-0566943**

Applied For  
 Not Applicable

Zip  
**33145**

Country  
**USA**

Zip  
**33145**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**RESEARCH MANAGEMENT CORPORATION**  
**104 CRANDON BLVD**  
**409**  
**KEY BISCAVAYNE, FL 33149**

7. Name and Address of New Registered Agent  
 Name  
**UFG PROPERTY MANAGEMENT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2828 SW 22<sup>ND</sup> ST. #208**  
 City  
**MIAMI** FL Zip Code  
**33145**

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: **N. ROMAN MGR** DATE: **1-7-04**

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 \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SAN MIGUEL, ALBERTO</b>
STREET ADDRESS	<b>104 CRANDON BLVD #409</b>
CITY-ST-ZIP	<b>KEY BISCAVAYNE, FL 33149</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2828 SW 22<sup>ND</sup> ST. #208</b>
CITY-ST-ZIP	<b>MIAMI, FL. 33145</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **N. ROMAN MGR** DATE: **1-7-04**

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