

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002858

FILED
Apr 25, 2007
Secretary of State

Entity Name: DIVACO, INC.

Current Principal Place of Business:

455 S GULFVIEW BLVD
CLEARWATER BEACH, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

455 S GULFVIEW BLVD
CLEARWATER BEACH, FL 34767 US

New Mailing Address:

455 S GULFVIEW BLVD
CLEARWATER BEACH, FL 33767 US

FEI Number: 59-3418486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTI, CAMILLO
455 S GULFVIEW BLVD
CLEARWATER, FL 33767 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: PST () Delete
Name: CONTI, CAMILLO
Address: 455 S GULFVIEW BLVD
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: CONTI, LIVIA
Address: 136 BAYSIDE DR
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: CONTI, DIANA
Address: 136 BAYSIDE DR
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: CONTI, VALERIA
Address: 1236 S MISSOURI AVE., APT 204
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VALERIA CONTI

D

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date