

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002858

FILED  
May 05, 2008  
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 33767 US

**New Mailing Address:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: D (X) Change ( ) Addition  
Name: CONTI, VALERIA  
Address: 136 BAYSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33767

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

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date