

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90473 001 *4,411.25

DOCUMENT # P98000097959

1. Entity Name
DIAJOHN, CORPORATION



Principal Place of Business

**7921 SW 40 ST
47 48
MIAMI, FL 33155**

Mailing Address

**7376 SW 113 CIR PLACE
MIAMI, FL 33173-2610**

66419033



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0876780

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DELGADO, MARDEL Y
7376 SW 113 CIR PLACE
MIAMI, FL 33173-2610**

**DO NOT WRITE
IN THIS SPACE**

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

Signature of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

**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 | PD |
| NAME | FERNANDEZ, NILMA |
| STREET ADDRESS | AVE PRINCIPAL D SANTA INES QTA ENAS |
| CITY-ST-ZIP | CARACAS 1080- VENEZULA, |
| TITLE | D |
| NAME | MENDOZA, RAFAEL |
| STREET ADDRESS | PROLOG AVE PRINCIPAL DE STA INES |
| CITY-ST-ZIP | CARACAS-VENEZULA, |
| TITLE | D |
| NAME | DELGADO, MARDELY |
| STREET ADDRESS | 7376 SW 113 CIR PLACE |
| CITY-ST-ZIP | MIAMI, FL 331732610 |
| TITLE | TD |
| NAME | GONZALEZ, GUSTAVO |
| STREET ADDRESS | AVE PRINCIPAL DE SANTA INES, QTA. ENAS |
| CITY-ST-ZIP | CARCAS 1080-VENEZULA, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04