2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097959

Title:

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TD

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CARCAS 1080-VENEZULA, OC

AVE PRINCIPAL DE SANTA INES, QTA. ENAS

GONZALEZ, GUSTAVO

Entity Name: DIAJOHN, CORPORATION

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7921 SW 40 ST 47 48 MIAMI, FL 33155 **New Mailing Address: Current Mailing Address:** 7376 SW 113 CIR PLACE MIAMI, FL 331732610 FEI Number: 65-0876780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELGADO, MARDEL Y DELGADO, MARDELY 7376 SW 113 CIR PLACE 7376 SW 113 CIR PLACE MIAMI, FL 331732610 US MIAMI, FL 331732610 US 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: MARDELY DELGADO 04/06/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FERNANDEZ, NILMA Name: Name: AVE PRINCIPAL D SANTA INES QTA ENAS Address: Address: City-St-Zip: CARACAS 1080- VENEZULA, OC City-St-Zip: Title: Title: () Delete () Change () Addition Name: MENDOZA, RAFAEL Name: PROLOG AVE PRINCIPAL DE STA INES Address: Address: CARACAS-VENEZULA, OC City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition DELGADO, MARDELY Name: Name: 7376 SW 113 CIR PLACE Address: Address: City-St-Zip: MIAMI, FL 331732610 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NILMA FERNANDEZ PRES 04/06/2005

() Change () Addition