2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# V25037

Entity Name: DIASA, INC.

Current Principal Place of Business:

1111 BRICKELL AVE
SUITE 2150
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1111 BRICKELL AVE
SUITE 2150
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0327602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUMAN, BRYAN
11820 NW 37 ST.
POMPANO BEACH, FL 33065 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: D ( ) Delete
Name: BAUMAN, BRYAN W
Address: 1111 BRICKELL AVE. SUITE 2150
City-St-Zip: MIAMI, FL 33131

Title: C ( ) Delete
Name: WALLACE, MILTON J
Address: 1111 BRICKELL AVE, SUITE 2150
City-St-Zip: MIAMI, FL 33131

Title: DP ( ) Delete
Name: SHAPIRO, ARTHUR G
Address: 3141 ROYAL PALM AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: CHARLES SIMMONS,
Address: 3646 SW 57TH AVE
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: MCENANY, PATRICK J
Address: 220 MIRACLE MILE #234
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: BAUMAN, BRYAN W
Address: 1111 BRICKELL AVE. SUITE 2150
City-St-Zip: MIAMI, FL 33131

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

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

Title: D (X) Change ( ) Addition
Name: CHARLES SIMMONS,
Address: 88181 OLD HIGHWAY, UNIT E43
City-St-Zip: ISLAMORADA, FL 33036

Title: D (X) Change ( ) Addition
Name: MCENANY, PATRICK J
Address: 355 ALHAMBRA CIRCLE, 1370
City-St-Zip: CORAL GABLES, FL 33134

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: MILTON J WALLACE C 01/09/2009

Electronic Signature of Signing Officer or Director Date