

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-24-2005 90001 047 ***150.00

P09566

DOCUMENT # P09566			
1. Entity Name DIJEVI INVESTMENTS N.V.			
Principal Place of Business MADURO PLAZA DOKWEG Z/N CURACAO, NA, OC		Mailing Address 4160 E. 16TH AVENUE #405 HIALEAH, FL 33012	
2. Principal Place of Business		3. Mailing Address 20260 SW 50 PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SW RANCHES, FL	
Zip	Country	Zip	Country
33332	US	33332	US
4. FEI Number 52-1505110		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEAL, EFREN 4160 E. 16TH AVENUE, #405 HIALEAH, FL 33012		Name MARTINEZ, ANTONIO L.	
		Street Address (P.O. Box Number is Not Acceptable) 8500 SW 8 STREET	
		SUITE 238	
		City MIAMI	FL Zip Code 33144
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: ANTONIO L. MARTINEZ		DATE: 5/10/05	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered agent signature required when registering)	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEAL, EFREN 4160 W 16TH AVENUE SUITE #405 HIALEAH, FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEAL, ALEXIS 20260 SW 50 PL SOUTHWEST RANCHES, FL 33332 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEAL, EFREN 4160 E. 16TH AVENUE, #405 HIALEAH, FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEAL, ALEXIS 20260 SW 50 PL SOUTHWEST RANCHES, FL 33332 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEW HEMISPHERE TRUST CO MADURO PLAZA, DOKWEG Z/N CURACAO, NA, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 duly empowered.			
SIGNATURE: [Signature]		DATE: 5/10/05 DAYTIME PHONE: 954 605 5400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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STATE
TALLAHASSEE, FLORIDA



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