

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002098

Entity Name: DIVA ACQUISITION DIVA CORP**Current Principal Place of Business:**52-16 BARNETT AVENUE
LONG ISLAND CITY, NY 11104**Current Mailing Address:**52-16 BARNETT AVENUE
LONG ISLAND CITY, NY 11104 US**FEI Number:** 11-3313622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name MAZOUZI, ZINE
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title PRESIDENT, DIRECTOR
Name NEWTON VARELA, AMELIA
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR
Name FERRARA, AL
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR
Name KLIPPER, MITCHELL S.
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title CEO, CHAIRMAN, DIRECTOR
Name ROSENFELD, EDWARD
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR
Name DAVIS, PETE
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR
Name LYNCH, ROSE
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR
Name KUMAR, MARIA TERESA
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

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I hereby 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 all other like empowered.

SIGNATURE: ZINE MAZOUZI

CFO

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MIGLIORINI, PETER
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR
Name SIMONE, ARIAN
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR
Name SACHDEV, RAVI
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104

Title DIRECTOR
Name SMITH, ROBERT
Address 52-16 BARNETT AVENUE
City-State-Zip: LONG ISLAND CITY NY 11104