2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 504075

1. Entity Name
DIVENTI, INC.

Principal Place of Business
3665 BEE RIDGE RD SUITE 310
SARASOTA, FL 34233

Mailing Address
3665 BEE RIDGE RD SUITE 310
SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE

02212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1663431
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRION, JAIME S
3665 BEE RIDGE RD. #310
SARASOTA, FL 34233

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000917974
05/13/08-80065-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	SV
NAME	THOMAS, DORA M.C.
STREET ADDRESS	3665 BEE RIDGE RD. #310
CITY-ST-ZIP	SARASOTA, FL
TITLE	PC
NAME	CARRION, JAIME S.
STREET ADDRESS	3665 BEE RIDGE RD. #310
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	V
NAME	MCSWEENEY, ANINA C
STREET ADDRESS	3665 BEE RIDGE RD. #310
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	VT
NAME	CARRION, JAIME R
STREET ADDRESS	3665 BEE RIDGE RD, #310
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: D Thomas 4-4-08 941-923-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #