

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90032 026 \*\*\*150.00

**DOCUMENT # F00000003642**

1. Entity Name  
**DIVEO, INC.**



Principal Place of Business  
**ONE FINANCIAL PLAZA  
SUITE 1700  
FORT LAUDERDALE, FL 33394**

Mailing Address  
**ONE FINANCIAL PLAZA  
SUITE 1700  
FORT LAUDERDALE, FL 33394**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**52-2177608**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required.**

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	GARCIA, OSCAR	
STREET ADDRESS	ONEFINANCIAL PLAZA	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOSQUERA, JUAN	
STREET ADDRESS	ONE FINANCIAL PLAZA STE 1700	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE	PCOO.	<input type="checkbox"/> Delete
NAME	SPANGLER, LARRY	
STREET ADDRESS	ONE FINANCIAL PLAZA STE 1700	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAGO, VICTOR	
STREET ADDRESS	ONEFINANCIAL PLAZA	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394.	
TITLE	ATAS	<input checked="" type="checkbox"/> Delete
NAME	STEPHEN, CAROL	
STREET ADDRESS	ONE FINANCIAL PLAZA STE 1700	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHARPE, RICHARD	
STREET ADDRESS	ONE FINANCIAL PLAZA STE 1700	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATAS Kroll, Tim	
STREET ADDRESS	One Financial Plaza, Suite 1700	
CITY-ST-ZIP	Fort Lauderdale, FL 33394	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

**SIGNATURE:**

*Richard Sharpe* **Richard Sharpe, Assistant Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/04

Daytime Phone #

(954) 462-2210