


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # F00000003642 1. Entity Name DIVEO, INC.	
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Principal Place of Business ONE FINANCIAL PLAZA SUITE 125 FORT LAUDERDALE, FL 33394	Mailing Address ONE FINANCIAL PLAZA SUITE 125 FORT LAUDERDALE, FL 33394
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

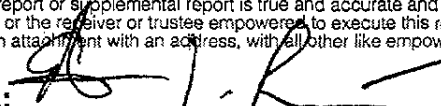
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, OSCAR ONE FINANCIAL PLAZA, SUITE 125 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L ROMAN, EDUARDO J ONE FINANCIAL PLAZA STE 125 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERGARA, JOSE ONE FINANCIAL PLAZA, SUITE 125 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, RODRIGO ONE FINANCIAL PLAZA STE 125 FORT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000408919
02/08/06-80077-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06 (954) 462-2210
Date Daytime Phone #