


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90208 020 ***150.00

DOCUMENT # F00000003642

1. Entity Name
DIVEO, INC.



Principal Place of Business Mailing Address

ONE FINANCIAL PLAZA **ONE FINANCIAL PLAZA**
SUITE 125 **SUITE 125**
FORT LAUDERDALE, FL 33394 **FORT LAUDERDALE, FL 33394**

60001107



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

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

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, OSCAR	
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 125	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE	L	<input type="checkbox"/> Delete
NAME	ROMAN, EDUARDO J	
STREET ADDRESS	ONE FINANCIAL PLAZA STE 125	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VERGARA, JOSE	
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 125	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, RODRIGO	
STREET ADDRESS	ONE FINANCIAL PLAZA STE 125	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorena GONZALEZ	
STREET ADDRESS	ONE FINANCIAL PL. STE 125	
CITY-ST-ZIP	Ft. Lauderdale FL 33394	
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		

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: Lorena Gonzalez 1/12/07 954-462-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #