2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005289

City-St-Zip:

NEW YORK, NY 10118

FILED Jul 12, 2005 Secretary of State

Entity Nar	ne: DIANE DA	L LAGO LIMITED COMPANY				
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
9426 CAVENDISH DRIVE TAMPA, FL 33626			SUITE 105	6011 BENJAMIN RD. SUITE 105 TAMPA, FL 33634		
Current M	ailing Address	:	New Mailing	New Mailing Address:		
9426 CAVENDISH DRIVE TAMPA, FL 33626			SUITE 105	6011 BENJAMIN RD. SUITE 105 TAMPA, FL 33634		
FEI Number:	20-1500516	FEI Number Applied For ()	FEI Number Not Applica	ble () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
	TI, RALPH J ENDISH DRIVE _ 33626 US		6011 BENJAI SUITE 105	MARCHETTI, RALPH J 6011 BENJAMIN RD. SUITE 105 TAMPA, FL 33626 US		
The above in the State		ubmits this statement for the pu	irpose of changing its	registered office or registered agent, or b	oth,	
SIGNATURE: RALPH J MARCHETTI				07/12/2005		
	Electronic	Signature of Registered Ager	nt	Date		
		2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PSD ()[MARCHETTI, DIA 9426 CAVENDIS TAMPA, FL 3362	H DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VCD ()[MARCHETTI, RA 9426 CAVENDIS TAMPA, FL 3362	H DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address:	D () [FITZGERALD, RA 350 FIFTH AVE.	Delete AYMOND	Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RALPH J MARCHETTI CFO 07/12/2005