

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90001 010 ***158.75

DOCUMENT # F96000002098

1. Entity Name
DIVA ACQUISITION CORP



Principal Place of Business
**52-16 BARNETT AVE
ATTN: ALAN ROY REMULAR
LONG ISLAND CITY, NY 11104 US**

Mailing Address
**52-16 BARNETT AVE
ATTN: ALAN ROY REMULAR
LONG ISLAND CITY, NY 11104 US**

54011791

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004

Chg-P

CR2E034 (10/03)

4. FEI Number
11-3313622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DHARIA, ARVIND
52-16 BARNETT AVE
LONG ISLAND CITY, NY 11104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
KARSON, JAMIASON
52-16 BARNETT AVE
LONG ISLAND CITY, NY 11104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOPER, MARC
52-16 BARNETT AVE
LONG ISLAND CITY, NY 11104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOPPELMAN, CHARLES
52-16 BARNETT AVE
LONG ISLAND CITY, NY 11104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIGIORANI, PETER
52-16 BARNETT AVE
LONG ISLAND CITY, NY 11104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Faint text] ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
KARSON, JAMIESON
52-16 BARNETT AVE
LONG ISLAND CITY, NY 11104** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIGLIORINI, PETER
52-16 BARNETT AVE
LONG ISLAND CITY, NY 11104** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **ARVIND DHARIA** *Arvind Dharia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(718) 446 1800

Daytime Phone #