


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000002098 1. Entity Name DIVA ACQUISITION CORP	
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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
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DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3313622	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DHARIA, ARVIND 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JAMIESON, KARSON 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, MARC 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPPELMAN, CHARLES 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGLIORINI, PETER 52-16 BARNETT AVE LONG ISLAND CITY, NY 11104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000288102
04/04/05-80095-010 158.75

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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, CFO Arvind Dharia 3/24/05 (718) 308 2273

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