2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005031

1. Entity Name
DIEN-B INC.

Principal Place of Business	Mailing Address
282 NW 36TH STREET	282 NW 36TH STREET
MIAMI, FL 33127	MIAMI, FL 33127

JUU15652

01282005   Chg-NP   CR2E037 (10/03)

2. Principal Place of Business
282 NW 36th Street

Suite, Apt. #, etc.

3. Mailing Address
282 NW 36th Street

Suite, Apt. #, etc.

City & State	City & State	**4.** FEI Number	Applied For
Miami FL	Miami FL	65-1048882	Not Applicable

Zip 33127	Country USA	Zip 33127	Country USA	**5.** Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOISSEAU, DAMIEN
~~935 NW 75TH STREET~~
MIAMI, FL ~~33138~~

282 NW 36th Street
Miami FL 33127

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 _____Damien Boisseau_____   01/27/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BOISSEAU, DAMIEN		NAME			
STREET ADDRESS	935 NW 75TH STREET		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BOISSEAU, JACQUELINE		NAME			
STREET ADDRESS	935 NW 75TH STREET		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP			
TITLE	D	☒ Delete	TITLE		☐ Change	☐ Addition
NAME	BOISSEAU, BERNARD		NAME			
STREET ADDRESS	935 NW 75TH STREET		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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 617, 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: _____Damien Boisseau_____   01/27/05   3055734949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #