

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005031

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: DIEN-B INC.

**Current Principal Place of Business:**

282 NW 36TH STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

282 NW 36TH STREET  
MIAMI, FL 33127

**New Mailing Address:**

FEI Number: 65-1048882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOISSEAU, DAMIEN  
282 NW 36TH STREET  
MIAMI, FL 33127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOISSEAU, DAMIEN  
Address: 880 NE 69TH STREET APT 10R  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: BOISSEAU, JACQUELINE  
Address: 780 NE 69TH STREET APT 1203  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMIEN BOISSEAU

D

01/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date