


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000021706	
1. Entity Name DIASPORA FOODS INC.	

Principal Place of Business 12955 BISCAYNE BLVD STE 406B N. MIAMI BEACH, FL 33181	Mailing Address 12955 BISCAYNE BLVD STE 406B N. MIAMI BEACH, FL 33181
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DO NOT WRITE IN THIS SPACE



07222005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2221312	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODS, MARVIN D 12955 BISCAYNE BLVD STE 406B N. MIAMI BEACH, FL 33181	DO NOT WRITE IN THIS SPACE
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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 _____	U000000377291 08/29/05-80003-010 150.00 DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODS, MARVIN D 18409 NORTH WEST 9TH COURT PEMBORKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAVARRO, PETRA 18409 NORTH WEST 9TH COURT PEMBORKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  MARVIN WOODS	7/22/05	(305) 895-9962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #