


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000090413</b>		
1. Entity Name D.I.V.A. INTERNATIONAL OF MIAMI, FLA. INC		

Principal Place of Business 5510 NW 1ST AVE MIAMI, FL 33127	Mailing Address 5510 NW 1ST AVE MIAMI, FL 33127
---	---

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1047109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WILLIS, HATTIE 5510 NW 1ST AVE MIAMI, FL 33127	
---	--

**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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	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.
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, BRANDY 1070 SW 66 AVE OEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWMAN, VERNITA 3547 NW 87 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENNINGS, WANDA 8450 NW 24TH AVE MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIS, HATTIE 5510 NW 1ST AVE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000171513  
09/02/04-80004-018 150.00

**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)(f), 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 recorder 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, or in all other like empowered.

SIGNATURE: Brandy Johnson BRANDY JOHNSON 305-754-3993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Daytime Phone #