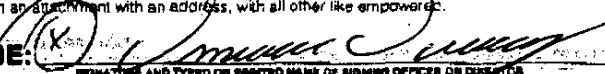


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91006 020 ***158.75

DOCUMENT # P01000004946			
1. Entity Name DIOMAR CORPORATION INC			
Principal Place of Business 8264 NW 58 STREET MIAMI, FL 33166		Mailing Address 8264 NW 58 STREET MIAMI, FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1071016		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OCAMPO, OMAR 18051 BISCAYNE BLVD APTM #505 TOWER 1 NORTH AVENTURA, FL 33180		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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering a new agent or changing an agent's name or address.)			
FLA. DEPT. OF STATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/03	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete Ocampo, Omar 18051 Biscayne Blvd Aptm #505 Aventura, FL 33180	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition Aristizabal Diego 8801 Fountainblue Blvd #310 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete Anstizabal, Diego 8801 Fountainblue Blvd #310 Miami, FL 33172	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition (Empty)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete (Empty)	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition (Empty)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete (Empty)	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition (Empty)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete (Empty)	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition (Empty)
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-29-04 Date Signature Date	

24067412



04292004 Chg-P CR2E004 (10/03)