

23/04 04 08:23 FAX 0485498310
FROM : RICH Hommes of Florida

FAX NO. : 3053796353

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91046 043 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000033397 1. Entity Name DIANE INVESTMENT INTERNATIONAL, INC.	
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Principal Place of Business 100 N. BISCAYNE BLVD., STE. 2904 MIAMI, FL 33132	Mailing Address 100 N. BISCAYNE BLVD., STE. 2904 MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 71-0949411	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENICHAY, BRIGITTE
100 N. BISCAYNE BLVD., STE. 2904
MIAMI, FL 33132**

**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

Signature, blood or printed name of registered agent and file if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLERGERIE, ANDREE D 100 N. BISCAYNE BLVD., STE. 2904 MIAMI, FL 33132
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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)(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 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]*

SIGNATURE AND TYPE OF AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4/22/04 305-319-7202