

2003 FILING CORPORATION  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000035190

1. Entity Name  
**DIANA TRADING, INC.**



FILED

03 MAY -1 PM 1:04

200017826042  
 05/01/2003 P01000035190 STATE \*3300.00  
 TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
 901 PONCE DE LEON BLVD.  
 SUITE #601  
 CORAL GABLES, FL 33134

Mailing Address  
 901 PONCE DE LEON BLVD.  
 SUITE #601  
 CORAL GABLES, FL 33134

2. Principal Place of Business  
**9350 South Dixie Highway**  
 Suite, Apt. #, etc.  
**1500**

3. Mailing Address  
**9350 South Dixie Highway**  
 Suite, Apt. #, etc.  
**1500**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip Country  
**33156 USA**

Zip Country  
**33156 USA**

4. FEI Number  
**75-3030250**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 SEGREDO, FRANK J ESQ.  
 901 PONCE DE LEON BLVD.  
 SUITE #601  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
 Name  
**Frank J. Segredo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9350 South Dixie Highway**  
 Suite 1500  
 City  
**Miami FL** Zip Code  
**33156**

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 *Frank J. Segredo*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

FILED WITH FEE IS \$160.00  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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	D <input type="checkbox"/> Delete LADINO, JOSE A 6802 N.W. 111TH AVENUE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DIAZ DE LADINO, CARMENZA 6802 N.W. 111TH AVENUE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LADINO-DIAZ, DIANA 6802 N.W. 111TH AVENUE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LADINO-DIAZ, ADOLFO ANDRES 6802 N.W. 111TH AVENUE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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: *Frank J. Segredo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*gs 5/2*