


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000052372 1. Entity Name DIANE ENTERPRISES, INC. |  |
|--|---|

Principal Place of Business
**1564 SILVERBELL LANE
ORANGE PARK, FL 32003**

Mailing Address
**1020-8 EDGEWOOD AVE N
JACKSONVILLE, FL 32254**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-3724016 | 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

**SONG, CHAE M
1020-8 EDGEWOOD AVENUE N
JACKSONVILLE, FL 32254**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 | PSD SONG, CHAE M 1564 SILVERBELL LANE ORANGE PARK, FL 32005 |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SONG, DIANE 1564 SILVERBELL LANE ORANGE PARK, FL 32005 |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

U00000529461
05/05/06-80079-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Prin Song*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #