

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041057

**FILED**  
**Jul 01, 2006**  
**Secretary of State**

**Entity Name:** D.I.A. RESTAURANT GROUP, INC.

**Current Principal Place of Business:**

3585 NE 207 STREET SUITE C-1  
AVENTURA, FL 331803772

**New Principal Place of Business:**

3585 NE 207 STREET  
SUITE C-1  
AVENTURA, FL 331803772

**Current Mailing Address:**

3585 NE 207 STREET SUITE C-1  
AVENTURA, FL 331803772

**New Mailing Address:**

3585 NE 207 STREET  
SUITE C-1  
AVENTURA, FL 331803772

FEI Number: 01-0703597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHEER, JENNIFER  
3585 NE 207 STREET  
C-1  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHEER, JENNIFER  
Address: 3585 NE 207 STREET SUITE C-1  
City-St-Zip: AVENTURA, FL 331803772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER SCHEER

P

07/01/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date