


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000076441 1. Entity Name DIVA DOMAIN, INC.	
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Principal Place of Business 6299 W SUNRISE BLVD STE 202 SUNRISE, FL 33313	Mailing Address 433 BAYBERRY DR. PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1548152	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOBSON, FRANZ C 600 N PINE ISLAND ROAD STE 450 PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, RACHEL C 6299 W SUNRISE BLVD STE 202 SUNRISE, FL 33313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, CHRISTINE A 6299 W SUNRISE BLVD STE 202 SUNRISE, FL 33313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, KARL 433 BAYBERRY DR PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, DAN 433 BAYBERRY DR PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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02/04/04-80144-011 150.00

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: Christine Craig **CHRISTINE CRAIG** 1/26/04 954-797-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #