## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				-	S	ecreta	ary of Sta
DOCUMENT # P02000097675  1. Entity Name DIEM DESIGNS INC.							·
Principal Plac 2357 ANNS NA JACKSONVILL		Mailing Address 2357 AWNSTONFOAD NA JAOKSOMILLE, FL. 32246					
DO NOT WRITE IN THIS SPAC			CE	02132004 4. FEI Numb 02-066		CR2E034	According to the second
	6. Name and Address of Current Re		·				
FERDIE MARTINEZ 2357 ANNISTON ROAD NA JACKSONVILLE, FL 32246					NOT W THIS SF		
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 FERDIE MARTINEZ President President FEB 13, 2004 Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOWIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be ded to Fees			
10.	OFFICERS AND DIF	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-IP	P MARTINEZ, FERDIE 2357 ANNISTON ROAD JACKSONVILLE, FL 32248				uooda	90 <b>5605</b> 7	
TITLE NAME STREET ADDRESS					02/16/104	- <del>801</del> 16-	014 158.75
CITY-ST-ZIP TITLE NAME		· · · · · · · · · · · · · · · · · · ·			<b>900000</b> 407507-60	9073260 -80029-	009 158.75
STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ANDRESS							

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE: President 02-13-04 904-742-7855

MIGNATURE AND TYPES OR PRINTED NAME OF STORMING OFFICER OR DIRECTOR

Date

Date

Daytime Priore #