

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000004977

1. Entity Name

DIVALD USA, INC.



Principal Place of Business

TWO SOUTH BISCAYNE BLVD.
ONE BISCAYNE TOWER #2670
MIAMI FL 33131

Mailing Address

TWO SOUTH BISCAYNE BLVD.
ONE BISCAYNE TOWER #2670 2670
MIAMI FL 33131

2. Principal Place of Business

construction

3. Mailing Address

7400 S GATOR CREEK BLVD

Suite, Apt. #, etc.

Suite-Apt. #, etc.

City & State

SARASOTA FL

4. FEI Number

14-1867762

Applied For

Not Applicable

Zip

Country

34241

Country

SARASOTA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAC DANIEL, JOHN M ESQ.
TWO SOUTH BISCAYNE BLVD.
ONE BISCAYNE TOWER #2670 2670
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 *Yaron*

Signature typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

4/21/05

DATE

FILE NOW!!!- FEE IS \$150.00

After May 1, 2005 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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DEVALD, YARON PRESIDE TWO SOUTH BISCAYNE BLVD SUITE 2670 MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>7400 S GATOR CREEK BLVD SARASOTA FL 34241</i>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Yaron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

(941) 400-0677

Daytime Phone #