


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90015 039 \*\*\*150.00

<b>DOCUMENT # P03000024714</b>	
1. Entity Name <b>DIVECO CORP.</b>	

Principal Place of Business <b>501 BRICKELL KEY DR., SUITE 602 MIAMI, FL 33131</b>	Mailing Address <b>501 BRICKELL KEY DR., SUITE 602 MIAMI, FL 33131</b>
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2. Principal Place of Business <b>1001 Brickell Bay Dr. Suite, Apt. #, etc. suite 1508 City &amp; State</b>	3. Mailing Address <b>1001 Brickell Bay Dr. Suite, Apt. #, etc. Suite 1508 City &amp; State</b>
Zip	Country

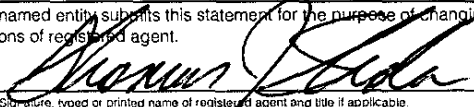


02272004 Chg-P CR2E034 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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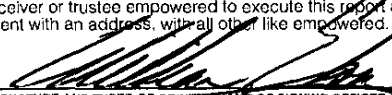
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SKOLA, THOMAS J 5201 BLUE LAGOON DR. MIAMI, FL</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1001 Brickell Bay Dr., suite 1508</b> City <b>FL</b> Zip Code <b>33131</b>
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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 	DATE <b>3/8/2004</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>William E. COHN</b>
STREET ADDRESS		STREET ADDRESS	<b>1001 Brickell Bay Dr., Ste 1508</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Thomas J. SKOLA</b>
STREET ADDRESS		STREET ADDRESS	<b>1001 Brickell Bay Dr., Ste 1508</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Date <b>March 26<sup>th</sup> 2004</b>