2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029668

VIA D. FIASELLA D

GENOVA (ITALY),

Address:

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

Entity Nam	ne: DIESSE, INC.			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	INS AVENUE, APT 10 OUR, FL 33154			
Current Mailing Address:		New Mailing Address:		
	INS AVENUE, APT 10 OUR, FL 33154			
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
COSTABEL, ATTILIO M 169 EAST FLAGLER, SUITE 1701 MIAMI, FL 33131 US		COSTABEL, ATTILIO M 799 BRICKELL PLAZA SUITE 900 MIAMI, FL 33131 US		
The above in the State	named entity submits this statement for the p of Florida.	purpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	E:		04/29/2004	
	Electronic Signature of Registered Ag	ent	Date	
Election Cam	paign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	D () Delete MERINI, AURELIA VIA SAN VITTORE 36/1 MIJAN, (ITALY), OC D () Delete	Name: Address: City-St-Zip:) Change () Addition	
Name: Address: City-St-Zip:	BENOCCI, SERGIO VIA DEL POZZO 5, LOC. SAN MARTION 53035 MONTEGGIONI, SIENA ITA,	Name: Address: City-St-Zip:	, onlinge () / duliton	
Title: Name: Address: City-St-Zip:	D () Delete ALVAREZ, RAOUL F 9930 COLLINS AVENUE, APT 10 BAL HARBOUR, FL 33154	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title:	D () Delete	Title: ()) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: STEFANO MARCHESE D 04/29/2004