## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000029668

MARCHESE, STEFANO

VIA D. FIASELLA D

GENOVA (ITALY),

Name: Address:

City-St-Zip:

Entity Name: DIESSE, INC.

FILED Apr 28, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1690 W. 38 PLACE, UNIT B1 HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** 1690 W. 38 PLACE, UNIT B1 HIALEAH, FL 33012 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: COSTABEL, ATTILIO M COSTABEL, ATTILIO M 1550 BRICKELL AVE., STE. 210 A 12324 ROCK GARDEN LANE MIAMI, FL 33129 US PINECREST, FL 33156 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. SIGNATURE: 04/28/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MERINI, AURELIA Name: Name: VIA SAN VITTORE 36/1 Address: Address: City-St-Zip: MIJAN, (ITALY), OC City-St-Zip: Title: Title: () Delete () Change () Addition Name: BENOCCI, SERGIO Name: VIA DEL POZZO 5, LOC. SAN MARTION Address: Address: 53035 MONTEGGIONI, SIENA ITA, City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete ALVAREZ, RAUL F Name: ALVAREZ, RAUL F Name: 555 NE 34 STREET - APT. 1905 1550 BRICKELL AVE., STE. 210 A Address: Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: MIAMI, FL 33137 Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RAUL ALVAREZ D 04/28/2005