

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90371 038 ***150.00

DOCUMENT # P03000094814

1. Entity Name
DIEGO-JOE, INC.



Principal Place of Business
**204 SOUTH OCEAN BLVD
 MANALAPAN, FL 33462**

Mailing Address
**204 SOUTH OCEAN BLVD
 MANALAPAN, FL 33462**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0200983

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6- Name and Address of Current Registered Agent

7- Name and Address of New Registered Agent

**CHEUNG, TING CHOI
 204 SOUTH OCEAN BLVD
 MANALAPAN, FL 33462**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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 Delete
 NAME **PS**
 CHEUNG, TING CHOI
 STREET ADDRESS **204 SOUTH OCEAN BLVD**
 CITY-ST-ZIP **MANALAPAN, FL 33462**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPT**
 TSUI, KWAN MAN
 STREET ADDRESS **204 SOUTH OCEAN BLVD**
 CITY-ST-ZIP **MANALAPAN, FL 33462**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *X/Ting Choi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #