2004 FOR PROFIT CORPORATION

Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000120255 04-29-2004 90287 013 ***150.00 1. Entity Name D'IVAS ENTERPRISES, CORP. Principal Place of Business Mailing Address 1632 MERIDIAN AVE STE 210 1632 MERIDIAN AVE STE 210 MIAMI BCH, FL 33139 MIAMI BCH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 23-0375822 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDIVIESO, LILIANA MARIA Street Address (P.O. Box Number is Not Acceptable) 1632 MERIDIAN AVE STE 210 MIAMI BCH, FL 33139 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. Lam familiar with, and accept the obligations of registered agent registered agent and tale if applicable. (NOTE: Registered Agent signature required when remutating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FÉÉ IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS TITLE ☐ Dalete TITLE Change ☐ Addition VALDIVIESO, LILIANA MARIA 54434F NAME STREET ADDRESS 1632 MERIDIAN AVE STE 210 STREET ADDRESS CITY-SY-ZIP MIAMI BCH, FL 33139 CITY-ST-ZIP TOTAL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP TIME Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7/P City - ST - ZiP 1015 ☐ Defete THIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: X-2 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

04-26-04 Date

305 409 0089

FILED