


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90562 004 \*\*\*150.00

<b>DOCUMENT # P04000091492</b>	
1. Entity Name DIA BUSINESS GROUP, INC.	

Principal Place of Business 14981 SW 8TH TERR. MIAMI, FL 33194-2476	Mailing Address 14981 SW 8TH TERR. MIAMI, FL 33194-2476
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2. Principal Place of Business 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126 Country USA	3. Mailing Address 7955 NW 12TH STREET Suite, Apt. #, etc. SUITE 400 City & State DORAL, FL Zip 33126 Country USA
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04132005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1267611	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent.**

ANGEL, MARIA E  
14981 SW 8TH TERR.  
MIAMI, FL 33194-2476

**7. Name and Address of New Registered Agent**

Name MARIA E. ANGEL
Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12TH STREET
SUITE 400
City DORAL
FL Zip Code 33126

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/05  
DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANGEL, MARIA E 14981 SW 8TH TERR. MIAMI, FL 331942476 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, RICARDO 14981 SW 8TH TERR. MIAMI, FL 331942476 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, NATALIE 14981 SW 8TH TERR. MIAMI, FL 331942476 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARIA E. ANGEL 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICARDO ALVAREZ 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATALIE ALVAREZ 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05  
Date

305-470 7504  
Daytime Phone #