

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000134249

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** DIDA OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

9455 103RD ST  
1623  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

9455 103RD ST  
1623  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 20-5799093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVGRAFOVA, INNA V PSTD  
9455 103RD ST  
1623  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: EVGRAFOVA, INNA  
Address: 9455 103RD ST APT1623  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD  
Name: BAIKUSHIKOVA, OLGA  
Address: 9323 WHISPER GLEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32222

I hereby 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 all other like empowered.

SIGNATURE: INNA EVGRAFOVA

PSTD

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date