

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90013 025 \*\*\*150.00

<b>DOCUMENT # P06000147765</b> 1. Entity Name <b>DIVA'S STYLE INCORPORATED</b>					
Principal Place of Business <b>38 TAHITI ROAD MARCO ISLAND, FL 34145</b>			Mailing Address <b>38 TAHITI ROAD MARCO ISLAND, FL 34145</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-5947275</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RANDAZZO, JACQUELINE 38 TAHITI ROAD MARCO ISLAND, FL 34145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				DATE <b>4/6/07</b>	
(NOTE: Registered Agent signature required when restate)				FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>RANDAZZO, JACQUELINE 38 TAHITI ROAD MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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				DATE <b>4/6/07</b>	
(305) 479-8881				Daytime Phone #	