

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-02-2008 90032 012 ***150.00

DOCUMENT # P07000083006 1. Entity Name DOWNTOWN DIVAS OF INDIAN RIVER COUNTY INC.					
Principal Place of Business 1101 US HWY 1 SUITE B SEBASTIAN, FL 32958			Mailing Address 408 COACH RD SATELLITE BEACH, FL 32937		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03242008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 35-2303810 4-60132891063-1	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, CHRISTINA 408 COACH RD SATELLITE BEACH, FL 32937				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when transferring) Date					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CHRISTINA 408 COACH RD SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
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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:			3-29-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER/DIRECTOR Date					

66013130

