

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085285

Entity Name: DIEVAL CORP.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

9805 NW 52 STREET
SUITE 120
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9805 NW 52 STREET
SUITE 120
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 26-0879681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIAZ, JENNIFER
9805 NW 52 STREET
SUITE 120
DORAL, FL 33178 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: DIAZ, JENNIFER
Address: 9805 NW 52 STREET, SUITE 120
City-St-Zip: DORAL, FL 33178 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change () Addition
Name: DIAZ, JENNIFER
Address: 9805 NW 52 STREET SUITE 120
City-St-Zip: DORAL, FL 33178 US

Title: VP () Change (X) Addition
Name: RODRIGUES, LEONILDA
Address: 9805 NW 52 STREET SUITE 120
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER DIAZ

PDST

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date