2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052985

NORTH MIAMI BEACH, FL 33180

City-St-Zip:

Entity Name: DIORO MOSAIC INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2645 NE 186 TERRAC SUITE C NORTH MIAMI BEACH, FL 33180 **New Mailing Address: Current Mailing Address:** 2645 NE 186 TERRAC SUITE C NORTH MIAMI BEACH, FL 33180 FEI Number: 36-4643780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWMAN, LESLEY 3215 NE 186 STREET **SUITE 14303** AVENTURA, FL 33160 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NEWMAN, JOEY Name: Name: 2645 NE 186 TERRACE SUITE C Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NEWMAN, MICHAEL Name: 2645 NE 186 TERRACE SUITE C Address: Address:

City-St-Zip:

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: JOEY NEWMAN MR 05/01/2009