2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-24-2005 90001 047 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09566

1. Entity Name
DIJEVI INVESTMENTS N.V.

Principal Place of Business	Mailing Address
MADURO PLAZA DOKWEG Z/N CURACAO, NA, OC	4160 E. 16TH AVENUE #405 HIALEAH, FL 33012

05102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	20260 SW 50 PL Suite, Apt. #, etc.
City & State	City & State SW RANCHES, FL
Zip / Country	Zip 33332 / Country US

4. FEI Number
52-1505110
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEAL, EFREN 4160 E. 16TH AVENUE, #405 HIALEAH, FL 33012	Name: MARTINEZ, ANTONIO L. Street Address (P.O. Box Number is Not Acceptable): 8500 SW 8 STREET SUITE 238 City: MIAMI FL Zip Code: 33144

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: ANTONIO L. MARTINEZ 5/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST LEAL, EFREN 4160 W 16TH AVENUE SUITE #405 HIALEAH, FL 33012	☒ Delete	PST LEAL, ALEXIS 20260 SW 50 PL SOUTHWEST RANCHES, FL 33332	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LEAL, EFREN 4160 E. 16TH AVENUE, #405 HIALEAH, FL 33012	☒ Delete	ST LEAL, ALEXIS 20260 SW 50 PL SOUTHWEST RANCHES, FL 33332	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEW HEMISPHERE TRUST CO MADURO PLAZA, DOKWEG Z/N CURACAO, NA,	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 5/10/05 954.605.5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #