

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09566

FILED
May 01, 2007
Secretary of State

Entity Name: DIJEVI INVESTMENTS N.V.

Current Principal Place of Business:

MADURO PLAZA
DOKWEG Z/N
CURACAO, NA, NA OC

New Principal Place of Business:

Current Mailing Address:

20260 SW 50 PL
SW RANCHES, FL 33332

New Mailing Address:

FEI Number: 52-1505110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ANTONIO L
8500 SW 8 STREET
SUITE 238
MIAMI, FL 33144 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

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:

Title: PST () Delete
Name: LEAL, ALEXIS
Address: 20260 SW 50 PL
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: D () Delete
Name: NEW HEMISPHERE TRUST, CO
Address: MADURO PLAZA, DOKWEG Z/N
City-St-Zip: CURACAO, NA, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: LEAL, ALEXIS

PST

05/01/2007

Electronic Signature of Signing Officer or Director

Date