20	05 FOR PRO	FIT CORPO REPORT (A		ION		FIL	ED	
DOCUMENT # P93000011242 1. Entity Name DIANGO GROUP, INC.					Feb 02, 2005 08:00 AM Secretary of State			
Frincipal Plac	e of Business	Mailing Address		<u> </u>				•
3122 VIRGIN MIAMI FL 33 US		3122 VIRGINIA ST MIAMI FL 33133 US	-		170	laat ha tataa kiki aaki aakii aakii aakii aakii kaa	- HARIN HARI AKAIN IN	LANDA AN ANNA
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1 st MOORE CR2E034 (10/04)			
City & State		City & State		4. FEI Nutr		^{er} 65-0393481		plied For It Applicable
Zip	Country	Zip	Cour	htry	5. Certificate	of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Cur	rent Registered Agent	····		7. Name and	Address of New Registered	Agent	
				Name				
DIAZ, RENE 3122 VIRGINIA ST MIAMI FL 33133			Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		
	named entity su <u>bm</u> its this stateme ions of registered agent.	ent for the purpose of changin	g its register	ed office or register	red agent, or bo	th, in the State of Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered	agant and tile T applicable	NOTE Registere	id Agent signature required	(when reinstaling)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$55 (Payable to Florida Departme	0.00				 Election Campaign Finance Trust Fund Contribution. 		00 May Be ed to Fees
10.		AND DIRECTORS	11.		ADDITIONS.	CHANGES TO OFFICERS AN		5 IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, RENE 3282 MATILDA ST MIAMI FL 33176	Delete				02/02/05-80102-0	□ Change 08 150.	D Addition
ITLE	SD	Delete	זוז	F			🔲 Change	Addition
NAME STREET ADDRESS	DIAZ, GRACIELA 3282 MATILDA ST			eft address				;
CITY-ST-ZIP	MIAMI FL 33176		្រា រាជ	r zip			Change	Addillon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		L Delete	NAN SIR					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			······		Change	Addition
TITLE		Delete	ITIT NAM	E		· · · · · · · · · · · · · · · · · · ·	🗋 Change	Addition
STREET ADDRESS CITY - ST - ZIP				EET ADDRESS Y- ST- ZIP				
NILE NAME STREET ADDRESS CITY+ST-ZIP		Delete	CIT	ME IEET ADDRESS Y - ST - ZIP			Change	Addition
12. I hereby Indicated of the co changed	certify that the information suppli- l on this report or supplemental reprovemental reprovemental reprovementation or the receiver of trustee , or on an attachment with an additional supplementation of the	e with this filling does not quali bort is true and accurate and t empowered to execute this re rese, with all other like empow	fy for the exc hat my signa port as requ ered.	emption stated in Se ature shall have the lired by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes. I further ce ct as if made under oath; that i es; and that my name appears	ertify that the i am an officer in Block 10 o	nformation or director r Block 11 if
SIGNAT		D OR PRINTED NAME OF SCHING OF			/	- 30-05	305.2 Dayterne Priorie #	053