## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P98000014890 1. Entity Name DIVINO DISTRIBUTING, CORP. Mailing Address\_ Principal Place of Business 10219 GENERAL DRIVE., UNIT 4 10219 GENERAL DRIVE ORLANDO, FL 32824 ORLANDO, FL 32824 02092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3512197 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCIALOIA, ACHILLE DO NOT WRITE 7455 PARK SPRINGS DR ORLANDO, FL 32837 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE U00000334992 04/27/05-80068-004 1**50.**00 NAME SCIALOJA, ACHILLE 10219 GENERAL DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 of 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 prior like empowered.

NO 10/PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

401-240-1227