2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000052888

1. Entity Name
DIVAX CORPORATION

Principal Place of Business	Mailing Address
2855 NW 112 AVE SUITE #5 MIAMI, FL 33172	2855 NW 112 AVE SUITE #5 MIAMI, FL 33172

03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0842478
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PULIDO, RAUL
2855 NW 112 AVE SUITE #5
MIAMI, FL 33172

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PULIDO, RAUL
STREET ADDRESS	2855 NW 112 AVE SUITE #5
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VPD
NAME	GARCIA, CIRO A
STREET ADDRESS	2855 NW 112 AVE SUITE #5
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DS
NAME	MORENO, DORIS Y
STREET ADDRESS	2855 NW 112 AVE SUITE #5
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DT
NAME	PULIDO, REYNA V
STREET ADDRESS	2855 NW 112 AVE SUITE #5
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/31/06-80018-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #