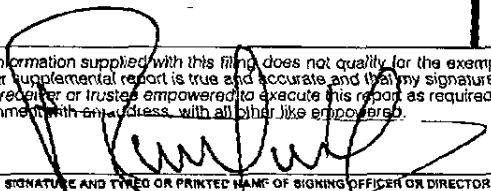


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000052888		
1. Entity Name DIVAX CORPORATION		
Principal Place of Business 2855 NW 112 AVE SUITE #5 MIAMI, FL 33172		Mailing Address 2855 NW 112 AVE SUITE #5 MIAMI, FL 33172
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PULIDO, RAUL 2855 NW 112 AVE SUITE #5 MIAMI, FL 33172		03032006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0842478
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.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		Applied For Not Applicable
SIGNATURE _____ 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 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 NAME STREET ADDRESS CITY - ST - ZIP	PD PULIDO, RAUL 2855 NW 112 AVE SUITE #5 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GARCIA, CIRO A 2855 NW 112 AVE SUITE #5 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MORENO, DORIS Y 2855 NW 112 AVE SUITE #5 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PULIDO, REYNA V 2855 NW 112 AVE SUITE #5 MIAMI, FL 33172	
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 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 _____ Daytime Phone # _____