FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# Dia-B-Tech Inc



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90247 034 ***155.00

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6250 NW 18th Suite, Apt. #, etc. 6250 NW18th PI DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Gity & State 65 096365 FLORICIO Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE FLORIDA Zip Code 8. The above named entity submits this statementary 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. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS President Helen V. Jamos 6250 NW 18th CR2E034B (12/02) TITLE TITLE # 3 NAME NAME 18th Places STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sungise TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP President TITLE TITLE me Lator Rd NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Mussisauga Out Canada L4T-247 CITY-ST-ZIP reasurer everley Newman IN THIS SPACE

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

NAME

NAME

STREET ADDRESS

CITY-S1-ZIP TITLE

STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP MLE

SIGNATURE:

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Palmetto ave