2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000107451

1. Entity Name
DIKO INTERNATIONAL SUPPLIERS, INC.



FILED Mar 04, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5161 HWY 98 W

SANTA ROSA BEACH, FL 32459 US

5161 HWY 98 W

SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3616886

02262008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M 782 N.W. LEJEUNE RD., SUITE 548 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

No Chg-P

			IN THIS STACE		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FIL. After Ma	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT SD HERNANDEZ, JAIME 5161 HWY 98 W SANTA ROSA BEACH, FL 32459	TORS			U00000847457
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000847457 03/19/08-80019-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. .	
TITLE					

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 redeliver or trusted 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 all other like empowered.

SIGNATURE!

STREET ADDRESS CITY-ST-ZIP

NAZURE AND TYPES OR PRINTING NAME OF MONING OFFICER OR DIRECTOR

02/29/08

8502679938

Daytime Phone #