

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90010 006 ***150.00

DOCUMENT # V29243

1. Entity Name
DIEREN CORP.



Principal Place of Business
**C/O JACK D. FINKELMAN, ESQUIRE
1500 SAN REMO AVENUE, STE. 125
CORAL GABLES, FL 33146**

Mailing Address
**C/O JACK D. FINKELMAN, ESQUIRE
1500 SAN REMO AVENUE, STE. 125
CORAL GABLES, FL 33146**

54021987



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0594989

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRANSKY, TOMAS
3692 NE 195 AVENUE
N. MIAMI BEACH, FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BERMAN, GERY**
STREET ADDRESS **20323 W. COUNTRY CLUB DR.**
CITY-ST-ZIP **N. MIAMI BCH., FL 33180**

TITLE **DST** ☐ Delete
NAME **KATZ DE BERMAN, VOLGELTJE**
STREET ADDRESS **20323 W. COUNTRY CLUB DR. #7**
CITY-ST-ZIP **N. MIAMI BCH., FL**

TITLE **D** ☐ Delete
NAME **BERMAN, JOSE DANIEL**
STREET ADDRESS **20323 W. COUNTRY CLUB DR. #7**
CITY-ST-ZIP **N. MIAMI BCH., FL 33180**

TITLE **D** ☐ Delete
NAME **DE STRANSKY, LILIANE**
STREET ADDRESS **3692 N.E. 195 AVENUE**
CITY-ST-ZIP **N. MIAMI BCH., FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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:

J. Berman VOLGELTJE BERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-04 305-9318/60