


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90041 050 \*\*\*150.00

**DOCUMENT # 529206**

1. Entity Name  
**DIVERSIFIED FLORIDA INVESTMENTS CORP.**



Principal Place of Business      Mailing Address  
P.O. BOX 11072      P.O. BOX 11072  
FT. LAUDERDALE, FL 3339--072      FT. LAUDERDALE, FL 3339--072

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FT. LAUDERDALE, FL**      **FT. LAUDERDALE, FL.**  
Zip      Country      Zip      Country  
**33339**      **BROWARD**      **33339**      **BROWARD**



01262004      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**O'CONNOR, KIERAN ESQ.**  
**111 N ORANGE AVE**  
**STE 1020**  
**ORLANDO, FL 32801**

4. FEI Number      Applied For  
**59-1729392**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

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

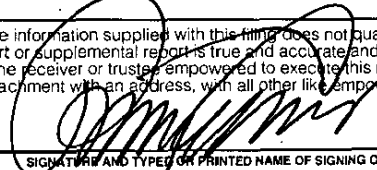
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ECHARTE, FELIPE J	
STREET ADDRESS	2749 NE 18TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	ECHARTE, MARIA J	
STREET ADDRESS	1411 SARRIA AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ARELLANO, MARIA T	
STREET ADDRESS	9050 HAMMOCK LAKE DR.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ECHARTE, MIGUEL	
STREET ADDRESS	325 GULF RD	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARELLANO, MARIA T.</b>	
STREET ADDRESS	<b>8580 SCHOOL HOUSE ROAD</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECHARTE, MIGUEL</b>	
STREET ADDRESS	<b>104 CRANDON BLVD., SUITE 306A</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE, FL 33149</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **FRES**      Date: **1/28/04**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR