

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 529206
 1. Entity Name
 DIVERSIFIED FLORIDA INVESTMENTS CORP.



Principal Place of Business Mailing Address
 P.O. BOX 11072 P.O. BOX 11072
 FORT LAUDERDALE, FL 33339 FORT LAUDERDALE, FL 33339

DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1729392 Not Applicable

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

6. Name and Address of Current Registered Agent
 O'CONNOR, KIERAN ESQ.
 111 N ORANGE AVE
 STE 1020
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 _____ (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	P
NAME	ECHARTE, FELIPE J
STREET ADDRESS	2749 NE 18TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	VAT
NAME	ECHARTE, MARIA J
STREET ADDRESS	1411 SARRIA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VS
NAME	ARELLANO, MARIA T
STREET ADDRESS	8580 SCHOOL HOUSE RD.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	ECHARTE, MIGUEL
STREET ADDRESS	104 CRANDON BLVD., STE. 306A
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000452619
 03/13/06-80006-009 150.00

DO NOT WRITE IN THIS SPACE

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: 2.27.2006 Daytime Phone #: 954-564-4410