


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # 529206

1. Entity Name
DIVERSIFIED FLORIDA INVESTMENTS CORP.



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

Mailing Address
**P.O. BOX 11072
 FORT LAUDERDALE, FL 33339**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1729392

Applied For
 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 _____ 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, 2008 Fee will be \$550.00**

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

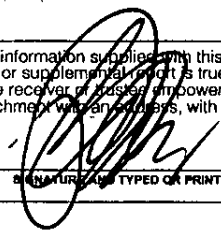
10. OFFICERS AND DIRECTORS

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

U00000800643
 01/31/08-80025-012 150.00

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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 any officers, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **January 25, 2008** Daytime Phone #: **954-584-4410**