

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 529206

FILED
Apr 13, 2009
Secretary of State

Entity Name: DIVERSIFIED FLORIDA INVESTMENTS CORP.

Current Principal Place of Business:

P.O. BOX 11072
FORT LAUDERDALE, FL 33339

New Principal Place of Business:

2749 N.E. 18TH STREET
FORT LAUDERDALE, FL 33305

Current Mailing Address:

P.O. BOX 11072
FORT LAUDERDALE, FL 33339

New Mailing Address:

FEI Number: 59-1729392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHARTE, FELIPE J
Address: 2749 NE 18TH ST
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VAT () Delete
Name: ECHARTE, MARIA J
Address: 1411 SARRIA AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: VS () Delete
Name: ARELLANO, MARIA T
Address: 8580 SCHOOL HOUSE RD.
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: ECHARTE, MIGUEL
Address: 104 CRANDON BLVD., STE. 306A
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIPE ECHARTE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date