

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 529206

FILED  
Jan 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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  
Name: ECHARTE, FELIPE J  
Address: 2749 NE 18TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33305

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: FELIPE ECHARTE

P

01/04/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date