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G13119


FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 14 PM 2:17

# **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

*Amended*

<b>DOCUMENT # G13119</b> 1. Entity Name <b>DIVERSIFIED INTERCONTINENTAL COMPANIES</b>					
Principal Place of Business <b>1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131</b>			Mailing Address <b>1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2248423</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HALPRYN, ERNEST M. 1428 BRICKELL AVENUE SUITE #105 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HALPRYN, GLENN L. 1428 BRICKELL AVE #105 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CABRERA, MARLENE 1428 BRICKELL AVE #105 MIAMI FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HURTADO, ELLISA 1428 BRICKELL AVE #105 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALPRYN, ERNEST M 1428 BRICKELL AVE #105 MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPRYN, GLENN L 1428 BRICKELL AVE #105 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
<b>SIGNATURE:</b> <u>GLENN L HALPRYN, VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-1-06      305 371-4112 <small>Date      Daytime Phone #</small>		

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FL Zip Code

305 371-4112

*u/ltaw*