

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116437

FILED
Aug 31, 2004
Secretary of State

Entity Name: KUPPEN DIVERSIFIED INVESTMENTS, INC.

Current Principal Place of Business:

1108 FOXFORREST CIR.
APOPKA, FL 32712

New Principal Place of Business:

1108 FOXFORREST CIR.
APOPKA, FL 32712 US

Current Mailing Address:

P. O. BOX 956
APOPKA, FL 32712

New Mailing Address:

P. O. BOX 956
APOPKA, FL 32704 US

FEI Number: 52-2404825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KUPPEN, BISHRAM
P.O. BOX 956
APOPKA, FL 32704 US

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: BISHRAM KUPPEN

08/31/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KUPPEN, BISHRAM
Address: 1108 FOXFORREST CIR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BISHRAM KUPPEN

PSTD

08/31/2004

Electronic Signature of Signing Officer or Director

Date