

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUL 25 PM 12:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07202007 Chg-P CR2E034 (12/06)

DOCUMENT # P95000029638 1. Entity Name F & N DIVERSIFIED, INC.					
Principal Place of Business 15180 S.W. 113TH ST. MIAMI, F; 33196			Mailing Address 15180 S.W. 113TH ST. MIAMI, F; 33196		
2. Principal Place of Business - No P.O. Box # 2475 Brickell Ave		3. Mailing Address 2475 Brickell Ave			
Suite, Apt. #, etc. Apt # 2504		Suite, Apt. #, etc. Apt # 2504			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0580980	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33129	Country Dade	Zip 33129	Country Dade		
6. Name and Address of Current Registered Agent FERNANDEZ, FRANCISCO JR. 15180 S.W. 113TH ST. MIAMI, FL 33196			7. Name and Address of New Registered Agent Name Fernandez, Francisco Jr. Street Address (P.O. Box Number is Not Acceptable) 2475 Brickell Ave Apt # 2504 City Miami		
FL Zip Code 33129			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete FERNANDEZ, FRANCISCO JR 15180 S.W. 113TH ST. MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fernandez, Francisco Jr. 2475 Brickell Ave, Apt # 2504 Miami, FL 33129	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700107464547 08/07/07--01053--002 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ Date: Rec. 7/20/07 Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					