

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G13119 1. Entity Name DIVERSIFIED INTERCONTINENTAL COMPANIES	
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Principal Place of Business
**1428 BRICKELL AVENUE
SUITE 105
MIAMI, FL 33131**

Mailing Address
**1428 BRICKELL AVENUE
SUITE 105
MIAMI, FL 33131**



02012006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2248423	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALPRYN, ERNEST M.
1428 BRICKELL AVENUE
SUITE #105
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPST
NAME	HALPRYN, GLENN L.
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	AS
NAME	HURTADO, ELLISA
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	DP
NAME	HALPRYN, ERNEST M
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI, FL

TITLE	D
NAME	HALPRYN, GLENN L
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI, FL 33131

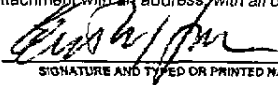
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:  **ERNEST M. HALPRYN, PRESIDENT 02/06/2006 (305) 371-4112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #