


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90005 005 ***150.00

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
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2. Principal Place of Business - No P.O. Box # 4400 BISCAYNE BOULEVARD Suite, Apt. #, etc. SUITE 950 City & State MIAMI FL Zip 331373212 Country USA	3. Mailing Address 4400 BISCAYNE BOULEVARD Suite, Apt. #, etc. SUITE 950 City & State MIAMI FL Zip 331373212 Country USA
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40048646



03262007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2248423	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALPRYN, ERNEST M. 1428 BRICKELL AVENUE SUITE #105 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name HALPRYN, ERNEST M. Street Address (P.O. Box Number is Not Acceptable) 4400 BISCAYNE BOULEVARD SUITE 950 City MIAMI FL Zip Code 331373212
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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 Ernest M. Halpryn Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) 03/26/2007 DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HALPRYN, GLENN L. 1428 BRICKELL AVE #105 MIAMI, FL 33131 XXXXX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPST HALPRYN, GLENN L. 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 331373212 XXX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CABRERA, MARLENE 1428 BRICKELL AVE #105 MIAMI, FL 33131 XXXXX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CABRERA, MARLENE 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 331373212 XXX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALPRYN, ERNEST M 1428 BRICKELL AVE #105 MIAMI, FL XXXXX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALPRYN, ERNEST M 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 331373212 XXX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPRYN, GLENN L 1428 BRICKELL AVE #105 MIAMI, FL 33131 XXXXX 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.
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SIGNATURE: Ernest M. Halpryn SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	03/26/2007 Day	305-573-4112 Daytime Phone #
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