

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 529206

**Entity Name:** DIVERSIFIED FLORIDA INVESTMENTS CORP.**Current Principal Place of Business:**2749 N.E. 18TH STREET  
FORT LAUDERDALE, FL 33305**Current Mailing Address:**P.O. BOX 11072  
FORT LAUDERDALE, FL 33339**FEI Number:** 59-1729392**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'CONNOR, KIERAN ESQ.  
840 SOUTH DENNING DRIVE  
STE 200  
WINTER PARK, FL 32789 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	ECHARTE, FELIPE J
Address	2749 NE 18TH ST
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	VAT
Name	ECHARTE, MARIA J
Address	1411 SARRIA AVE.
City-State-Zip:	CORAL GABLES FL 33146

Title	VS
Name	ARELLANO, MARIA T
Address	8580 SCHOOL HOUSE RD.
City-State-Zip:	MIAMI FL 33143

Title	VP
Name	ECHARTE, MIGUEL
Address	104 CRANDON BLVD., STE. 306A
City-State-Zip:	KEY BISCAYNE FL 33149

I hereby 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 all other like empowered.

**SIGNATURE:** FELIPE ECHARTE**PRESIDENT****01/22/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date