

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000139056

**Entity Name:** HS DIVERSIFIED, INC.

**Current Principal Place of Business:**

1414 NW 107 AVE  
SUITE 408  
MIAMI, FL 33172

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC1758872519**

**Current Mailing Address:**

1414 NW 107 AVE  
SUITE 408  
MIAMI, FL 33172

**FEI Number: 76-0746589**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CFB FINANCE CONSULTANTS LLC  
3400 CORAL WAY  
SUITE 500  
CORAL GABLES, FL 33145 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 DIRECTOR  
Name SALAZAR DE INDRIAGO, HERFY  
Address 1414 NW 107 AVE SUITE 408  
City-State-Zip: MIAMI FL 33172

Title VP  
Name INDRIAGO SALAZAR , GABRIEL  
ALEXANDER  
Address 1414 NW 107 AVE  
SUITE 408  
City-State-Zip: MIAMI FL 33172

Title SECRETARY  
Name DE ABREU, JOSE J  
Address 1414 NW 107 AVE  
SUITE 408  
City-State-Zip: MIAMI FL 33172

*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: HERFY SALAZAR DE INDRIAGO**

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date