

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000062509

**Entity Name:** DIVERSIFIED FINANCIAL SERVICES, INC. OF THE TREASURE COAST

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC4255664823**

**Current Principal Place of Business:**

10878 S US HWY #1  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

10878 S US HWY #1  
PORT ST. LUCIE, FL 34952

**FEI Number:** 65-0809639

**Certificate of Status Desired:** No

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

SINES, ELLEN  
10878 S. US HWY #1  
PORT ST. LUCIE, FL 34952 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 D/P  
Name SINES, ELLEN  
Address 10878 S US HWY #1  
City-State-Zip: PORT SAINT LUCIE FL 34952

*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:** ELLEN SINES

**PRESIDENT**

**04/14/2016**

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

\_\_\_\_\_  
Date