2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2006 08:00 AM Secretary of State **DOCUMENT # 373495** 1. Entity Name DANIEL D. DIEFENBACH II, INC. Principal Place of Business Mailing Address 2851 RAVENWOOD ROAD 2851 RAVENWOOD ROAD FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Surte, Act. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1367142 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIEFENBACH, DANIEL D II Street Address (P.O. Box Number is Not Acceptable) 2851 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312 Zip Code City 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 tale if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May € 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Ail (11) IIILE ☐ Delete TITLE MAME NAME DIEFENBACH, DANIEL D II U00000424224 STREET ADDRESS STREET ADDRESS 2851 RAVENSWOOD RD 02/18/06-80040-001 150.00 CITY - ST - ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CITY, ST. 7IP Delete TITES ☐ Change Addisi TITLE NAME MALME STREET ADDRESS STREET AODRESS CITY-ST-7IP CITY-ST-ZIP Change And: ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addin ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-\$T-ZIP Delete TITLE ☐ Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 directed the corporation or the receiver of these empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1

SIGNATURE: Daniel D. Dicterbuch II 2/2/06 954

if changed, or on an attachment with an address, with all other like empowered.