


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # 529206	
1. Entity Name DIVERSIFIED FLORIDA INVESTMENTS CORP.	
	
Principal Place of Business P.O. BOX 11072 FORT LAUDERDALE, FL 33339	Mailing Address P.O. BOX 11072 FORT LAUDERDALE, FL 33339



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1729392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent O'CONNOR, KIERAN ESQ. 111 N ORANGE AVE STE 1020 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ECHARTE, FELIPE J 2749 NE 18TH ST FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT ECHARTE, MARIA J 1411 SARRIA AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ARELLANO, MARIA T 8580 SCHOOL HOUSE RD. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ECHARTE, MIGUEL 104 CRANDON BLVD., STE. 306A KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/31/08-80025-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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 any changes, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 25, 2008 **954-564-4410**
Date Daytime Phone #