

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 852962

1. Entity Name
DIVERSIFIED CAPITAL CORPORATION



Principal Place of Business
**2 SOUTH BISCAYNE BLVD
#1742
MIAMI, FL 33131 US**

Mailing Address
**2 SOUTH BISCAYNE BLVD
#1742
MIAMI, FL 33131 US**

FILED
Feb 07, 2008 08:00 AM
Secretary of State



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2183762

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YARUS, GARY J.
2 SOUTH BISCAYNE BLVD
#1742
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YARUS, GARY J.
STREET ADDRESS	330 W. 45TH STREET
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	ST
NAME	PIKEN, NINA C.
STREET ADDRESS	330 W. 45TH STREET
CITY-ST-ZIP	MIAMI BCH., FL
TITLE	D
NAME	YARUS, JEFFREY M.
STREET ADDRESS	5234 NORTH BRAESWOOD BLVD
CITY-ST-ZIP	HOUSTON, TX 77096
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80085-018 150.00

**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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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