


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90056 014 ***158.75

DOCUMENT # F15125 1. Entity Name DIVERSIFIED UNDERWRITERS SERVICES, INC.	
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Principal Place of Business 1981 NW 88 CT MIAMI, FL 33172-2637 US DORAL, FL 33172-2637 US	Mailing Address 1981 NW 88 CT MIAMI, FL 33171-2637 US DORAL, FL 33172-2637 US
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2058456	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPITZER, JAN
1981 NW 88 CT
MIAMI, FL 33172
DORAL FL 33172**

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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 _____ (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	ST MESTRE, LIANA 1981 NW 88 CT MIAMI, FL DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPITZER, JAN H. 1981 NW 88 CT MIAMI, FL DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: JAN H SPITZER 04-16-08 305 908 6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #