

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90005 005 \*\*\*150.00

|                                                                                      |                                                                                   |
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| <b>DOCUMENT # G13119</b><br>1. Entity Name<br>DIVERSIFIED INTERCONTINENTAL COMPANIES |  |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>1428 BRICKELL AVENUE<br>SUITE 105<br>MIAMI, FL 33131 | Mailing Address<br>1428 BRICKELL AVENUE<br>SUITE 105<br>MIAMI, FL 33131 |
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>4400 BISCAYNE BOULEVARD<br>Suite, Apt. #, etc.<br>SUITE 950<br>City & State<br>MIAMI FL<br>Zip<br>331373212<br>Country<br>USA | 3. Mailing Address<br>4400 BISCAYNE BOULEVARD<br>Suite, Apt. #, etc.<br>SUITE 950<br>City & State<br>MIAMI FL<br>Zip<br>331373212<br>Country<br>USA |
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03262007 Chg-P CR2E034 (12/06)

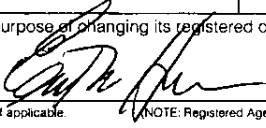
|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2248423 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

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| 6. Name and Address of Current Registered Agent<br>HALPRYN, ERNEST M.<br>1428 BRICKELL AVENUE<br>SUITE #105<br>MIAMI, FL 33131 |
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| 7. Name and Address of New Registered Agent<br>Name<br>HALPRYN, ERNEST M.<br>Street Address (P.O. Box Number is Not Acceptable)<br>4400 BISCAYNE BOULEVARD<br>SUITE 950<br>City<br>MIAMI<br>FL<br>Zip Code<br>331373212 |
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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.

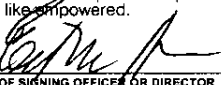
SIGNATURE Ernest M. Halpryn  03/26/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                                                     |                                                                                                                 |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                        |
|------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPST<br>HALPRYN, GLENN L.<br>1428 BRICKELL AVE #105<br>MIAMI, FL 33131<br>XXXXX Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>CABRERA, MARLENE<br>1428 BRICKELL AVE #105<br>MIAMI, FL 33131<br>XXXXX Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HALPRYN, ERNEST M<br>1428 BRICKELL AVE #105<br>MIAMI, FL<br>XXXXX Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HALPRYN, GLENN L<br>1428 BRICKELL AVE #105<br>MIAMI, FL 33131<br>XXXXX Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DVPST<br>HALPRYN, GLENN L.<br>4400 BISCAYNE BOULEVARD SUITE 950<br>MIAMI FL 331373212<br>XXX Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | AS<br>CABRERA, MARLENE<br>4400 BISCAYNE BOULEVARD SUITE 950<br>MIAMI FL 331373212<br>XXX Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>HALPRYN, ERNEST M<br>4400 BISCAYNE BOULEVARD SUITE 950<br>MIAMI FL 331373212<br>XXX Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |

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: Ernest M. Halpryn  03/26/2007 305-573-4112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #