2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2004 8:00 am Secretary of State

DOCUMENT # M15533 1. Entity Name DIVERSIFIED UNITED BUSINESS SERVICES CORPORATION					04-23-	2004 90236 023 ***158.75		
Principal Place of Business Mailing Address					66420797			
3840 NW 187TH ST.		3840 NW 187TH ST.		120137				
CAROL CITY,	FL 33055 US	CAROL CITY, FL 33055	US			****		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt, #, etc.		04172004 Chg-P	CR2E034 (10/03)			
City & State		City & State		4. FEI Number 59-2561651	Applied For Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status De	CR 75 Additional		
	6Name and Address of Current	Registered Agent			_7. Name and Address of			
TUOMBRO	M.14114C.Q		*	Name				
THOMPSON, LILLIE'S 3840 NW 187 ST				Street Address (P.O. Box Number is Not Acceptable)				
CAROL CI	TY, FL 33055		-					
			<u> </u>	City		FL Zip Code		
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 Signifued types or printed name of registered agent and title is proposed. (NOTE: Registered Agent objective required when remetating) DATE DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	*4. ** OFFICERS AND		11.	T U		O OFFICERS AND DIRECTORS IN 11 Change		
, title - name :	LINCE SAMUEL	Defete	NAME	-12i	NLE SAMO	de I		
STREET ADDRESS	1211 SESAME ST OPA LOCKA FL 33054		STREET A	ADDRESS (2)	1 Ses Amo A-Locka	St EL 3305#		
TITLE	M	☐ Delete	TITLE	E	wards the	ALZER Change MAddition		
NAME	LINER, PATRICIA		NAME	17	301 N.W	2051		
STREET ADDRESS CITY-ST-ZIP	1211 SESAME ST OPALOCKA, FL 33054		CITY-ST	ADDRESS O	PA-Locka	to 33054		
TITLE	М	Delete ·	IIILE	ブル	OM PSON Li			
NAME STREET ADDRESS	ONEIL, EUGENE					1116 26 200		
CITY-ST-ZIP		 ,,-	NAME STREET	3·s	-40 No.W.	187.ST		
	1970 NW 154TH ST OPA LOCKA, FL 33054	·		ADDRESS 3.8	arol City	167.5t \$6 33055		
TITLE •	1970 NW 154TH [*] ST OPA LOCKA, FL 33054 M	Delete	STREET O	ADDRESS 3.8	arol City	187.ST		
TITLE . NAME	1970 NW 154TH ST OPA LOCKA, FL 33054 M ORR, JOHNNY	☐ Delete	STREET (CITY-ST TITLE NAME	ADDRESS 3.8	-40 No.W.	the 33055		
TITLE •	1970 NW 154TH [*] ST OPA LOCKA, FL 33054 M	☐ Delete	STREET (CITY-ST TITLE NAME	ADDRESS 3-8 F-ZIP R ADDRESS 12	arol City	the 33055		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE	1970 NW 154TH ST OPA LOCKA, FL 33054 M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054 M	□ Delete Delete	STREET CHY-ST TITLE NAME STREET CHY-ST TITLE	ADDRESS 3-8 F-ZIP R ADDRESS 12	arol City	the 33055		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	1970 NW 154TH ST OPA LOCKA, FL 33054 M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054		STREET COTY-ST TITLE NAME STREET COTY-ST TITLE NAME	ADDRESS 3-8 F-ZIP R ADDRESS 12	arol City	the 33055 VICE Change Addition Me ST a Flag		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1970 NW 154TH ST OPA LOCKA, FL 33054 M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054 M ORR, JOHNNY		STREET COTY-ST TITLE NAME STREET COTY-ST TITLE NAME	ADDRESS 3-8 C-ZIP R ADDRESS C-ZIP C	arol City	The 33065 VICE Change Addition MEST G FIG Frecl Change Addition W. 23 AV.C.		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1970 NW 154TH ST OPA LOCKA, FL 33054 M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054 M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054 M ORR, JOHNNY 15241 RAILROAD DR OPA LOCKA, FL 33054 M		STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS 3-8 C-ZIP R ADDRESS C-ZIP C	and City and City and City and Sesa ones Al ones Al mani t illard	Fred Change Addition W. a3 AV.C. To 33055 Addition Addition W. a3 AV.C. Addition W. a3 AV.C. Addition Addition Addition Addition		
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; that 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 changed, or on an attachment with an address, with all pither like empowered.

SIGNATURE:

atachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66420797

ANN	IUAL REPURI		_					
DOCUMENT # M155 1. Entity Name DIVERSIFIED UNITED BUSTI CORPORATION		,						
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Principal Place of Business	Malling Address		1					
3840 NW 187TH ST. 3840 NW 187TH ST. CAROL CITY, FL 33055 US CAROL CITY, FL 33055 L		US						
WINDE 0111, 12 00000 00	Ontol 011,12 33000	U 3	A CONTROL OF THE CONT					
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.	Suite Apt # etc							
3016, Apr. *, 610.	Suite, Apr. #, etc.	Suite, Apt. #, etc.		CR2E034 (10/03)				
City & State	City & State ·	-	4. FEI Number 59-2561651	Applied For				
Zip Country	Zip	Country	Certificate of Status Desired	Not Applicable \$8.75 Additional				
5. Name and Address of	of Current Registered Agent		I,	Fee Required				
	A CONTONINO AND INC.	Name	7. Name and Address of New Registered Agent Name					
THOMPSON, LILLIE'S 3440 NW 187 ST	<u></u>	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
CAROL CITY, FL 33055								
		City		Zip Code				
The above named entity submits this st	stament for the perpose of changing its re		red great, or both, in the State of	FL				
6. The above named entity submits this statement for the perpose 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 JULIA	Distanced agent and size of applicable (NOTE:		· (V	me 27,2004				
Promod library or branch library or let	passed agent and loss if application (NOTE: I	Registered Agent signature require	d when rednessing)	DATE 7 L				
FILE NOW!!! FEE IS \$150.00 S. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.								
After May 1, 2004 Fee will b	4 4550.00		٠,	TIOSES AND SUPPOYORS IN 14				
TITLE VP.	CERS AND DIRECTORS	11.	SOLUSON SOC	FICERS AND DIRECTORS IN 11 Change Addition				
NAME LINGE, SAMUEL STREET ADDRESS 1211 SESAME ST	7	NAME <	31 N.W. 17					
STREET ADDRESS 1211 SESAME ST CITY-ST-ZIP OPA LOCKA, FL 3309	/ 4	STREET ADDRESS O	Miant Fla	33179				
TITLE M	☐ Deleta	TITLE M.	Mell Kucia	of A Change Addition				
HAME LINER, PATRICIA STREET ADDRESS 1211 SESAME ST		NAME STREET ADDRESS	1961 NW.	53 Nd ST				
CITY-SI-ZEP OPALOCKA, AL 33054		CITY-ST-ZIP		7 Ac 33054				
M NAME ONEIL, EUGEAR	☐ Delete	NAME 2		187-87				
STREET ADDRESS 1970 NW 154TH ST		STREET ADDRESS						
CITY-ST-ZIP OPA LOCKA, FL 305	Delete	CITY-ST-ZIP	helace Edu	Flo 33054				
NAME ORR, JOHNNY	L Dates	1 J	450 N.W.	14/4 57				
STREET ADDRESS 15241 RAILROAD DR 'CITY-ST-ZIP OPA LOCKA, FL 3305	4		PA-Locka					
TITLE M	☐ Delete	TITLE /:	· · · · · · · · · · · · · · · · · · ·	` □ Channe ■ Addition				
NAME ORR/JOHNNY STREET ADDRESS 15241 RAILROAD DR		NAME STREET ADDRESS 3	lle Thomps	or st.				
CITY-ST-ZIP OPA LOCKA, FL 3305	4		ROL City, FL	330 <i>55</i>				
TITLE M HARRIS, CHARLES	☐ Delete	TITLE .	()	☐ Change ☐ Addition				
STREET ADDRESS 2020 N. W 175ST		STREET ADDRESS		·				
CITY-SI-ZIP OPA LOCKA, FL 3305		CITY-ST-ZIP						
indicated on this report or supplemen	applied with this filing does not qualify for the training of the training training that the training training that the training training the training train	y signature shall have the	same legal effect as if made under	r 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:	mul Time	Va .	4-29-0					
SIGNATURE AN	D TYPED OR PRINTED NAME OF SIGNING OFFICER OF	я біявстоя	Dete	Daytime Phone ≠				