## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

## Apr 27, 2007 8:00 am Secretary of State DOCUMENT # M15533 04-27-2007 90206 014 \*\*\*158.75 **DIVERSIFIED UNITED BUSINESS SERVICES** CORPORATION Principal Place of Business Mailing Address 3840 NW 187TH ST. 3840 NW 187TH ST. CAROL CITY, FL 33055 US CAROL CITY, FL 33055 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2561651 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMPSON, LILLIE S 3840 NW 187 ST Street Address (P.O. Box Number is Not Acceptable) CAROL CITY, FL 33055 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VĎ TITLE М Delete TITLE Change Addition LINER, SAMUEL NAME NAME 1211 SESAME ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-ZIP Addition TITLE Change Delete TITLE EDWARDS, EBENEZER NAME NAME STREET ADDRESS 17301 NW 20ST STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-ZIP TITLE ☐ Delete TITLE THOMPSON, LILLIE NAME NAME STREET ADDRESS 3840 NW 187ST STREET ADDRESS CITY-ST-7IP OPA LOCKA, FL 33055 CITY-ST-ZIP TITLE ☐ Delete TITLE RODDY, DAVID NAME STREET ADDRESS 1211 SEASAME STREET STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition JONES, ALFRED NAME NAME STREET ADDRESS 18520 NW 23 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33055 CITY - ST - ZIP Delete TITLE TITLE ☐ Addition ☐ Change DILLARD, JONA NAME NAME STREET ADDRESS 1885 NW 55TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

**FILED**