

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15533

FILED
Apr 30, 2009
Secretary of State

Entity Name: DIVERSIFIED UNITED BUSINESS SERVICES CORPORATION

Current Principal Place of Business:

3840 NW 187TH ST.
CAROL CITY, FL 33055 US

New Principal Place of Business:

Current Mailing Address:

3840 NW 187TH ST.
CAROL CITY, FL 33055 US

New Mailing Address:

FEI Number: 59-2561651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, LILLIE S
3840 NW 187 ST
CAROL CITY, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LINER, SAMUEL
Address: 1211 SESAME ST
City-St-Zip: OPA LOCKA, FL 33054 US

Title: M () Delete
Name: EDWARDS, EBENEZER
Address: 17301 NW 20ST
City-St-Zip: OPA LOCKA, FL 33054

Title: M () Delete
Name: THOMPSON, LILLIE
Address: 3840 NW 187ST
City-St-Zip: OPA LOCKA, FL 33055

Title: M () Delete
Name: RODDY, DAVID
Address: 1211 SEASAME STREET
City-St-Zip: OPA LOCKA, FL

Title: M () Delete
Name: JONES, ALFRED
Address: 18520 NW 23 AVE
City-St-Zip: MIAMI, FL 33055

Title: M () Delete
Name: DILLARD, JONA
Address: 1885 NW 55TH STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EDWARDS, EBENEZER
Address: 17301 NW 20ST
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Change () Addition
Name: THOMPSON, LILLIE
Address: 3840 NW 187ST
City-St-Zip: OPA LOCKA, FL 33055

Title: D (X) Change () Addition
Name: RODDY, DAVID
Address: 1211 SEASAME STREET
City-St-Zip: OPA LOCKA, FL

Title: D (X) Change () Addition
Name: JONES, ALFRED
Address: 18520 NW 23 AVE
City-St-Zip: MIAMI, FL 33055

Title: D (X) Change () Addition
Name: DILLARD, JONA
Address: 1885 NW 55TH STREET
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL LINER JR

VP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date