

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M97389

1. Entity Name
 DIVERSIFIED JOINT VENTURES, INC.



Principal Place of Business
 18679 SE FEDERAL HIGHWAY
 TEQUESTA, FL 33649 US

Mailing Address
 18679 SE FEDERAL HIGHWAY
 TEQUESTA, FL 33649 US



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0098494** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUBENFELD, DAREN L
 18679 SE FEDERAL HIGHWAY
 TEQUESTA, FL 33649

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
 NAME MILLER, ROBERT L
 STREET ADDRESS 18679 SE FEDERAL HIGHWAY
 CITY-ST-ZIP TEQUESTA, FL 33649

TITLE VP
 NAME AUSTIN, CHRISTOPHER
 STREET ADDRESS 18679 SE FEDERAL HIGHWAY
 CITY-ST-ZIP TEQUESTA, FL 33649

TITLE V
 NAME RUBENFELD, DAREN L
 STREET ADDRESS 18679 SE FEDERAL HIGHWAY
 CITY-ST-ZIP TEQUESTA, FL 33649

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

000000300629
 04/12/05-80029-011 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05 561-743-0014

Date

Daytime Phone #