


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90211 048 \*\*\*158.75

<b>DOCUMENT # M97389</b>	
1. Entity Name <b>DIVERSIFIED JOINT VENTURES, INC.</b>	

Principal Place of Business <b>18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33649 US</b>	Mailing Address <b>18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33649 US</b>
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**60032827**

2. Principal Place of Business <b>18745 SE Federal Hwy</b>	3. Mailing Address <b>18745 SE Federal Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03142006 Chg-P CR2E034 (11/05)

City & State <b>Tequesta FL</b>	City & State <b>Tequesta FL</b>
Zip <b>33469</b>	Zip <b>33469</b>
Country	Country

4. FEI Number <b>65-0098494</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent <b>RUBENFELD, DAREN L 18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33649</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MILLER, ROBERT L 18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33649 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18745 SE Federal Hwy</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUSTIN, CHRISTOPHER 18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33649 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18745 SE Federal Hwy</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBENFELD, DAREN L 18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33649 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18745 SE Federal Hwy</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: **Daren Rubinfeld** **4/25/06** **561-743-0014**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #