

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90012 011 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000073803 1. Entity Name DIVERSIFIED SERVICES OF KEY WEST, INC.					
Principal Place of Business 50-D 11TH AVE KEY WEST, FL 33040				Mailing Address 50-D 11TH AVE KEY WEST, FL 33040	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent CABRERA, LEO 50-D 11TH AVE KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CABRERA, GUDLIO 50-D 11TH AVE KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD CABRERA, BERTHA 50-D 11TH AVE KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CABRERA, ALEX 50-D 11TH AVE KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
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: <i>Gudelio Cabresca</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/14/04 305294-4783 Date Daytime Phone #			

54062939



07142004 Chg-P CR2E034 (10/03)

 4. FEI Number **65-1036844** Applied For ☐ Not Applicable ☐

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