2006 FOR PROFIT CORPORATION

Aug 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** 08-28-2006 90001 050 ***150.00 DOCUMENT # P01000103961 1. Entity Name DIVERSIFIED IT SOLUTIONS INC. 50026401 Principal Place of Business Mailing Address 9600 NW 25 STREET 9600 NW 25 STREET SUITE 5-D SUITE 5-D MIAMI, FL 33172 MIAMI, FL 33172 3. Maiina Adress 2. Principal Place of Business Suite, Apr. #, etc. Suite, Apt. # etc 08012006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State 65-1148585 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CELADA, HERNANDO Street Address (P.O. Box Number is Not Acceptable) 9600 NW 25 STREET SUITE 5-D MIAMI, FL 33172 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete TITLE ☐ Addition CELADA, HERNANDO NAME NAME STREET ADDRESS 9600 NW 25 ST. SUITE 5-D STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Delete TITLE TITLE ♣ Change ☐ Addition BENAVIDES, CARLOS NAME NAME STREET ADDRESS 9600 NW 25 ST, SUITE 5-D STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33172 Change Delete ☐ Addition TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 a other like empowered.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHTY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

Daytime Phone #

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FILED

☐ Change ☐ Addition

■ Addition

ATTACHMENT

TO: DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

RE:

Diversified IT Solutions, Inc.

Document Number - P01000103961

To Whom It May Concern:

As per your instructions, enclosed please find the annual report form along with a check payable to the Florida Department of State in order to properly update the above mentioned corporation.

I never received the Annual Report Form for this year 2006 from your office to pay the uniform business report. Please take this letter as a permissible excuse to bring this corporation to its current status and waive any late fees.

Thank you in advance for your prompt attention to this matter and if you should have any questions regarding this letter, please do not hesitate to contact me.

Cordially

Herhando Celada

President