

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90177 047 ***150.00

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1. Entity Name
M & L DIVERSIFIED PLANNERS, INC.



Principal Place of Business
**8000 SW 152 AVE. #106
MIAMI, FL 33193**

Mailing Address
**8000 SW 152 AVE. #106
MIAMI, FL 33193**

50035804



2. Principal Place of Business
**2307 BRUNER LANE
Suite, Apt. #, etc. #3**

3. Mailing Address
**2307 BRUNER LANE
Suite, Apt. #, etc. #3**

01042005 Chg-P CR2E034 (10/03)

City & State
FT. MYERS FL
Zip **33912** Country **LEE**

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FT. MYERS FL
Zip **33912** Country **LEE**

4. FEI Number
68-0502331
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESSARINA, GINO
8000 SW 152 AVE. #106
MIAMI, FL 33193**

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)

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	PT	☐ Delete
NAME	MESSARINA, GINO	
STREET ADDRESS	8000 SW 152 AVE. #106	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	V.	☐ Delete
NAME	CHOY, JUAN CARLOS	
STREET ADDRESS	8000 SW 152 AVE. #106	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	S	☐ Delete
NAME	SALAZAR, HECTOR EDUARDO	
STREET ADDRESS	8000 SW 152 AVE. #106	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT.	☒ Change ☐ Addition
NAME	GINO MESSARINA	
STREET ADDRESS	2307 BRUNER LN #5	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	V.	☒ Change ☐ Addition
NAME	CHOY, JUAN CARLOS	
STREET ADDRESS	LIMA - PERU	
CITY-ST-ZIP		
TITLE	S	☐ Change ☐ Addition
NAME	SALAZAR, HECTOR EDUARDO	
STREET ADDRESS	LIMA - PERU	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #