

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90073 009 ***150.00

DOCUMENT # P02000050180

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



Principal Place of Business
**2307 BROWNER LANE
3
FORT MYERS, FL 33912**

Mailing Address
**2307 BROWNER LANE
3
FORT MYERS, FL 33912**

2. Principal Place of Business
2307 BRUNER LANE

3. Mailing Address
2307 BRUNER LANE

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

FL MYERS FL 33912

City & State

FL MYERS

Zip

33912

Country

LEE

Zip

33912

Country

LEE

03312006

Chg-P

CR2E034 (11/05)

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 33183**

Name

GINO MESSARINA

Street Address (P.O. Box Number is Not Acceptable)

2307 BRUNER LANE # 3

City

FORT MYERS

FL

Zip Code

33912

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	MESSARINA, GINO	
STREET ADDRESS	2507 BRUNER LN, # 5	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHOY, JUAN CARLOS	
STREET ADDRESS	8000 SW 152 AVE. #106	
CITY-ST-ZIP	LIMA, PERU,	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SALAZAR, HECTOR EDUARDO	
STREET ADDRESS	8000 SW 152 AVE. #106	
CITY-ST-ZIP	LIMA, PERU,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #