


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000127253</b>		
1. Entity Name <b>DIVERSE PROFESSIONAL GUARDIANSHIP SERVICES, INC.</b>		
Principal Place of Business <b>1100 COLLINS AVE #311 MIAMI BCH, FL 33139</b>	Mailing Address <b>1100 COLLINS AVE #311 MIAMI BCH, FL 33139</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-4518798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SIMMONS, EVETT L 145 NW CENTRAL PK PLAZA STE 200 PORT ST LUCIE, FL 34986</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDER, ULYSSES L 1100 COLLINS AVE #311 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, MARLO D 1680 HIATUS RD STE 121 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, MIRTHA 8400 SW 133 AVE 3232 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, EVETT L 145 NW CENTRAL PK PLAZA STE 200 PORT ST LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/12/04-80028-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Ulysses Felder** **1/8/04** **(505) 289-2716**