



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90298 049 \*\*\*150.00

<b>DOCUMENT # P03000044822</b> 1. Entity Name <b>DIVERSIFIED CONSULTING INCORPORATED</b>					
Principal Place of Business <b>3271 SW WATER EDGE WAY PALM CITY, FL 34990</b>			Mailing Address <b>3271 SW WATER EDGE WAY PALM CITY, FL 34990</b>		
2. Principal Place of Business <b>One Grove Isle Drive</b>		3. Mailing Address <b>One Grove Isle Drive</b>			
Suite, Apt. #, etc. <b>No. 508</b>		Suite, Apt. #, etc. <b>No. 508</b>			
City & State <b>Coconut Grove, FL</b>		City & State <b>Coconut Grove, FL</b>			
Zip <b>33133</b>		Zip <b>33133</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>113685919</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MERL, KEIKO ONE GROVE ISLE DRIVE SUITE 508 COCONUT GROVE, FL 33133</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Director <input type="checkbox"/> Delete</b> <b>Keiko Merl</b> <b>One Grove Isle DR, No. 508</b> <b>Coconut Grove, FL 33133 <input type="checkbox"/> Delete</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <u>Keiko Merl</u> KEIKO MERL 4/26/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					