


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000065249 1. Entity Name FLORIDA DIVERSIFIED FILMS, INC.	
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Principal Place of Business 1175 NW 159 DRIVE MIAMI, FL 33169	Mailing Address 1175 NW 159 DRIVE MIAMI, FL 33169
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1038174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPCO, INC. 2699 S BAYSHORE DR 7TH FLOOR MIAMI, FL 33133

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IN THIS SPACE**

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's signature required when re-registering) DATE _____
Signature: typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	D SMYRLES, JAMES 5880 SW 91ST ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHINIGO, ANDREW M. 5860 SW 119 STREET CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHINIGO, COLETTE S 5860 SW 119 STREET CORAL GABLES, FL 33156
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01/26/06-80044-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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

1/19/06 305-625-4422
Date Daytime Phone #