

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000111846

1. Entity Name

DIVERSIFIED INTERESTS, INC.



Principal Place of Business

3333 NE 34TH STREET
APT. 1220
FORT LAUDERDALE, FL 33308 US

Mailing Address

3333 NE 34TH STREET
APT. 1220
FORT LAUDERDALE, FL 33308 US

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number

72-1587282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREIRA, VINCENT J
3333 NE 34TH STREET
APT. 1220
FORT LAUDERDALE, FL 33308

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-filing)

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

1100000428973
02/21/06-80070-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PEREIRA, VINCENT J
STREET ADDRESS 3333 NORTHEAST 39TH STREET #1220
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE VP
NAME SERRA, GAYLE H
STREET ADDRESS 660 W. PALM AIRE DRIVE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE S
NAME SERRA, GAYLE H
STREET ADDRESS 660 W. PALM AIRE DRIVE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE T
NAME CAMPANELLI, LOUISE P
STREET ADDRESS 3333 NE 34TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Vincent Pereira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06 954-649-7255
Date Daytime Phone #