



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000157138 1. Entity Name DIVERSIFIED FINANCIAL SERVICES SOUTH AMERICA, INC.	
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Principal Place of Business 12508 SW 94TH TERRACE MIAMI, FL 33186	Mailing Address 12508 SW 94TH TERRACE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE

FILED
07 SEP 19 AM 7:24
**CLERK OF STATE
TALLAHASSEE, FLORIDA**



09122007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2066627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent ZARATE, CHARLES J 12508 SW 94TH TERRACE MIAMI, FL 33186
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate)</small>	800109658488 09/19/07--01046--002 **158.75 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZARATE, CHARLES J 12508 SW 94TH TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF FREEMAN, DOROTHY W 4950 N.W. 73RD AVENUE FT. LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZARATE, MARIA ALICE P 12508 SW 94TH TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  CHARLES J. ZARATE - PRESIDENT 07/13/07 786-367-8750
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>

jc 9/21