

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90212 030 \*\*\*150.00

<b>DOCUMENT # P05000084087</b> 1. Entity Name <b>DIVERSIFIED MANAGEMENT SERVICES INT'L INC.</b>					
Principal Place of Business <b>6550 GRIFFIN ROAD</b> <b>103</b> <b>DAVIE, FL 33314</b>			Mailing Address <b>6550 GRIFFIN ROAD</b> <b>103</b> <b>DAVIE, FL 33314</b>		
2. Principal Place of Business - No P.O. Box # <b>8991 SW 6th Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>8991 SW 6th Court</b> Suite, Apt. #, etc.			
City & State <b>Plantation FL</b>		City & State <b>Plantation FL</b>		4. FEI Number <b>20-5615920</b>	
Zip <b>33324</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DURSO, HELEN</b> <b>8622 NW 44TH STREET</b> <b>SUNRISE, FL 33351</b>			7. Name and Address of New Registered Agent Name <b>Tyrone R. Goshine</b> Street Address (P.O. Box Number is Not Acceptable) <b>8991 SW 6th Court</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>		
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 reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>RUBIN, MARTIN</b> <b>6550 GRIFFIN ROAD STE 103</b> <b>DAVIE, FL 33314</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2400 E Commercial Blvd #224</b> <b>Ft Lauderdale FL 33308</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>Tyrone R. Goshine</b> <b>8991 SW 6th Court</b> <b>Plantation FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <b>TYRONE GOSHINE</b> <b>4/24/07</b> <b>9546730181</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					