

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000070954

1. Entity Name
DIVERSIFIED OPERATIONS, INC.



Principal Place of Business
**17200 S.W. 155 COURT
MIAMI, FL 33187-1359 US**

Mailing Address
**17200 S.W. 155 COURT
MIAMI, FL 33187-1359 US**

DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0531430

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARPENTIERI, LUISA F.
17200 S.W. 155 COURT
MIAMI, FL 33187-1359**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CARPENTIERI, LUISA F
STREET ADDRESS	17200 S.W. 155TH COURT
CITY-ST-ZIP	MIAMI, FL 331871359
TITLE	VSD
NAME	CARDOSO, SUSAN C
STREET ADDRESS	17200 S.W. 155TH COURT
CITY-ST-ZIP	MIAMI, FL 331871359
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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05/31/05-80008-024 150.00

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IN THIS SPACE**

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.

SIGNATURE:

Luisa Carpentieri
LUISA CARPENTIERI

5/16/05

305-761-3996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #