

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000089763

1. Entity Name  
DIVERSIFIED MANAGEMENT CONSULTANTS, INC.



Principal Place of Business  
1801 AUSTRALIAN AVE S  
WEST PALM BEACH, FL 33409

Mailing Address  
1801 AUSTRALIAN AVE S  
WEST PALM BEACH, FL 33409

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0543873	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**

CARY, DAVID E  
1801 AUSTRALIAN AVE S  
WEST PALM BEACH, FL 33409

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	KATZ, STANLEY
STREET ADDRESS	61 EXECUTIVE DRIVE
CITY-ST-ZIP	FARMINGDALE, NY 11735

TITLE	DS
NAME	CARY, DAVID E
STREET ADDRESS	1801 AUSTRALIAN AVE S
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	
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1100000229429  
02/14/05-80079-013 150.00

**DO NOT WRITE  
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)(f), 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

Date

Daytime Phone #

2-10-05 631-753-0022