

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000029638

1. Entity Name
F & N DIVERSIFIED, INC.



FILED
2007 JUL 25 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA



07202007 Chg-P CR2E034 (12/06)

Principal Place of Business
15180 S.W. 113TH ST.
MIAMI, F; 33196

Mailing Address
15180 S.W. 113TH ST.
MIAMI, F; 33196

2. Principal Place of Business - No P.O. Box #
2475 Brickell Ave

3. Mailing Address
2475 Brickell Ave

Suite, Apt. #, etc.
Apt # 2504

Suite, Apt. #, etc.
Apt # 2504

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33129

Country
Dade

Zip
33129

Country
Dade

4. FEI Number
65-0580980

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, FRANCISCO JR.
15180 S.W. 113TH ST.
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name
FERNANDEZ, FRANCISCO JR.

Street Address (P.O. Box Number is Not Acceptable)
2475 Brickell Ave

Apt # 2504

City
MIAMI

FL

Zip Code
33129

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 \$550.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	PD FERNANDEZ, FRANCISCO JR 15180 S.W. 113TH ST. MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, FRANCISCO JR. 2475 Brickell Ave, Apt # 2504 MIAMI, FL 33129 <input checked="" 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	700107464547 08/07/07--01053--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 on 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7/20/07 Daytime Phone # _____