

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000076879 1. Entity Name DIVERSIFIED GEMS INC.	
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Principal Place of Business 2072 COVE LANE N PALM BEACH, FL 33408	Mailing Address 2072 COVE LANE N PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATE CREATION ENTERPRISES, INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS, FL 33418
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04032004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0612382	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOX, DAWN N % 2072 COVE LANE N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOX, RICHARD L % 2072 COVE LANE N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000106800
U4/U8/U4-80030-U11 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)(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: <u>Richard L. Fox</u> RICHARD L. FOX, DIRECTOR <u>4/5/04</u> <u>561-627-7236</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #