

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 025 ***158.75

DOCUMENT # P98000049210
 1. Entity Name
DIVERSIFIED CAPITAL MANAGEMENT, INC.



Principal Place of Business Mailing Address
6855 PINEHURST DR. MIAMI FL 33015 **6855 PINEHURST DR. MIAMI FL 33015**



2. Principal Place of Business 3. Mailing Address
2995 SW 117th AVE **2995 SW 117th AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State **Davie FL** City & State **Davie FL**

4. FEI Number **65-0837840** Applied For
 Not Applicable

Zip Country **33330 Broward** **33330 Broward**

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

6. Name and Address of Current Registered Agent
HERNANDEZ, SHARA A
6855 PINEHURST DR.
MIAMI FL 33015

7. Name and Address of New Registered Agent
 Name **Shara A Hernandez**
 Street Address (P.O. Box Number is Not Acceptable) **2995 SW 117th Ave**
 City **Davie FL** **FL** Zip Code **33330**

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 *Shara Hernandez* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HERNANDEZ, SHARA A 6855 PINEHURST DR. MIAMI FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HERNANDEZ, RUDOLPH 6855 PINEHURST DR. MIAMI FL 33015 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Hernandez, Shara A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2995 SW 117 th Ave. Davie, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Hernandez, Rudolph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2995 SW 117 th Ave Davie FL 33330
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Shara Hernandez* Shara Hernandez 4/5/05 954 915 8525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #