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FILED Apr 22, 2004 8:00 am Secretary of State **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

Principal Place of Business Nation Add Tiles Not NATIR RD 84 #16 #16 FORT LAUDEROME, FL 33317 2. Principal Place of Business Suite, April A. etc. Suite, Ap	DOCUMEN I # P99000026289 1. Entity Name DIVERSIFIED INVESTMENT GROUP OF MIAMI, INC.						04-22-2004 \$	90069 03	3 ***150	.00
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Second Address of Current Registered Agent Second Address of New Registered Agent Second Agent Se								CR2E00		
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Steen Address (P.O. Box Number is Not Acceptable) Steen Address (P.O. Box Number is Not Acceptable) Steen Address (P.O. Box Number is Not Acceptable) Total Control Co	City & State		City & State							
Name	Zip	Country	Zip Cou		.ry 5. Certificate of Status Desired		of Status Desired			
BREWITT-SCHOOP, C. MARIE ESQ. TOSO W. STATE RD 84, #ISP FORT LAUDERDALE, FL 33317 City FL Zip Code 8. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named registered agent. 8. The above named registered agent. 8. SIGNATURE SIGNATURE SIGNATURE FILE MOWIT! FEE IS \$150.00 After filey 1, 2004 Fee will be \$\$50.00 After filey 1, 2004 Fee will be \$\$50.00 After filey 1, 2004 Fee will be \$\$50.00 Inst Fund Controlled. BERNARD, MARLENE A BERNARD, MARLENE	6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	legistered A	gent	
E. The above ramed orbity authorise this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synesia, loped or possed erms of agent agent. SIGNATURE Synesia, loped or possed erms of agent agent agent agent agent agent agent agent agent and use 4 spiricable. (ICITE Requires of Agent agents an executed by Change of Agent agents and agent ag	`7050 W. STATE RD 84, #16									
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After Mary 1, 2004 Fee with be \$350.00 Trust Fund Contribution.	SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (f	VOTE: Registere	d Agent signature requir	ed when renstating)		OATE		
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CITY-SI-ZIP MIAMI, FL 33179 CITY-SI-ZIP ITILE NAME STREET ADDRESS CITY-SI-ZIP 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 of trustee empowered to explore this seport 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.	NAME.	SCHOOP, JOHN J	D2 Delete	NAM	E				Change	☐ Addition
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SIGNATURE: /0/ana Drutt- Achart - L.H. 4/19/ 9 (305) 653-6959	12. I hereby of indicated of the corchanged		th this filing does not qualify is true and accurate and the covered to eyocute this sep with all other like, empower			Section 119.07(3)(i e same legal effect 07, Florida Statute), Florida Statutes. t as if made under os; and that my nam			