


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000026289 1. Entity Name DIVERSIFIED INVESTMENT GROUP OF MIAMI, INC.	
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Principal Place of Business 7050 W. STATE RD 84 #16 FORT LAUDERDALE, FL 33317	Mailing Address 7050 W. STATE RD 84 #16 FORT LAUDERDALE, FL 33317
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0921220	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

BREVITT-SCHOOP, C. MARIE ESQ.
7050 W. STATE RD 84, #16
FORT LAUDERDALE, FL 33317

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNARD, MARLENE A 113 NIGHTHAWK AVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENJAMIN, YVETTE 45 NE 209TH TERR MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, ADLEY 9580 BELAIRE DR HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVERA, STACEY 20221 NE 21ST AVE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000239499
02/22/05-80048-004 150.00

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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: *Loth Bernard* 2/16/05 9543822575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #