


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90011 030 ***150.00

DOCUMENT # G13119
 1. Entity Name
DIVERSIFIED INTERCONTINENTAL COMPANIES



Principal Place of Business 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI, FL 33137-3212	Mailing Address 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI, FL 33137-3212
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40046645



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2248423	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

HALPRYN, ERNEST M.
 4400 BISCAYNE BOULEVARD
 SUITE 950
 MIAMI, FL 33137-3212

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HALPRYN, GLENN L. 4400 BISCAYNE BLVD STE 950 MIAMI, FL 331373212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CABRERA, MARLENE 4400 BISCAYNE BLVD STE 950 MIAMI, FL 331373212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALPRYN, ERNEST M 4400 BISCAYNE BLVD STE 950 MIAMI, FL 331373212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with 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:  **ERNEST M. HALPRYN, PRESIDENT** 2/25/08 (305) 573-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #