


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT# 594540 1. Entity Name DIAZFISH&MEATCO.,INC.	
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Principal Place of Business 1574 WEST 39TH PLACE HIALEAH, FL 33012	Mailing Address 1574 WEST 39TH PLACE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



01122004 NoChg-P CR2E034(10/03)

4. FEI Number 59-1874912	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 DIAZ, ROBERTO 801 CAPRIST STREET, APT. 405 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE Registered Agent's signature required when installing) _____ DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD DIAZ, ROBERTO 801 CAPRIST. APT. 405 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DIAZ, ROBERTO JR. 9441 FNTL BLEAU BLVD #286 MIAMI, FL
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03/19/04-80011-013 150.00

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)(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 that other I am empowered.

SIGNATURE:  3-17-04 (305) 825-2136

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