


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

05-19-2006 90024 042 ***150.00
 07-31-2006 90004 027 ***158.75

DOCUMENT # 594540
 1. Entity Name
DIAZ FISH & MEAT CO., INC.



Principal Place of Business
 1574 WEST 39TH PLACE
 HIALEAH, FL 33012

Mailing Address
 1574 WEST 39TH PLACE
 HIALEAH, FL 33012

50023474

2. Principal Place of Business
9950 S.W. 8 ST.

3. Mailing Address
9950 S.W. 8 ST.

Suite, Apt. #, etc.
APT. 213

Suite, Apt. #, etc.
APT. 213



07272006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
59-1874912

Applied For
 Not Applicable

Zip
33174

Country

Zip
33174

Country

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

6. Name and Address of Current Registered Agent

DIAZ, ROBERTO
801 CAPRI STREET, APT. 405
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
DIAZ, ROBERTO JR

Street Address (P.O. Box Number is Not Acceptable)
963 N.W. 133 CT.

City
MIAMI **FL** Zip Code
33182

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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, ROBERTO 801 CAPRI ST. APT. 405 CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, ROBERTO JR. 9441 FNTLBLEAU BLVD #286 MIAMI, FL	<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
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	PD DIAZ, BELKIS 9950 S.W. 8 ST APT. 213 MIAMI, FL. 33174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIAZ ROBERTO JR 963 N.W. 133 CT. MIAMI, FL. 33182	<input checked="" 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
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 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: Belkis Diaz BELKIS DIAZ (President) 7/28/06 305-5518053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #