9/5/2006-90025-007-$150.00-$150.00

FILED

06 OCT -2 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000145140

1. Entity Name
DIAZ ASSOCIATION INC

Principal Place of Business
2507 TEAK COURT
KISSIMMEE, FL 34743

Mailing Address
2507 TEAK COURT
KISSIMMEE, FL 34743

08312006 Chg:P CR2E034 (11/05)

2. Principal Place of Business: 2847 O'CONNELL Dr
Suite, Apt. #, etc.
City & State: KISS Fl
Zip: 34741 Country: Oceola

3. Mailing Address: 2847 O'CONNELL Dr
Suite, Apt. #, etc.
City & State: KISS Fl
Zip: 34741 Country: Oceola.

4. FEI Number: 203692663 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, YOLANDA M
2507 TEAK COURT
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name: Yolanda M Diaz
Street Address (P.O. Box Number is Not Acceptable): 2847 O'CONNELL Dr
City: KISS FL Zip Code: 34741

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: Yolanda Marie Diaz 8/31/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIAZ, YOLANDA M 2507 TEAK COURT KISSIMMEE, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIAZ, FRANCISCO L 2507 TEAK COURT KISSIMMEE, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Yolanda Marie Diaz 8/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 10/4