## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000146364

Entity Name: RAY DIAZ INSURANCE AGENCY, INC

FILED May 12, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
1025 E. HALLANDALE BE.	ACH BOULEVARD			
# 15 HALLANDALE BEACH, FL	_ 33009 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1025 E. HALLANDALE BE	ACH BOULEVARD			
# 15 HALLANDALE BEACH, FL	_ 33009 US			
FEI Number: 20-5936888	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Cu	ırrent Registered Agent:	Name and Address of	ame and Address of New Registered Agent:	
DIAZ III, RAMON 20125 NW 78 PLACE MIAMI, FL 33015 US				
The above named entity suin the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PD () [ Name: DIAZ III, RAMON	Delete	Title: ( Name:	C) Change () Addition	

 Title:
 PD
 ( ) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 DIAZ III, RAMON
 Name:

 Address:
 20125 NW 78 PLACE
 Address:

 City-St-Zip:
 MIAMI, FL 33015 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON DIAZ III PRES 05/12/2009