

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000015566

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC8746969125**

**Entity Name:** DAS DIAZ ABAD SERVICES INC

**Current Principal Place of Business:**

925 BEVILLE ROAD,  
SUITE 5  
SOUTH DAYTONA, FL 32119

**Current Mailing Address:**

925 BEVILLE ROAD,  
SUITE 5  
SOUTH DAYTONA, FL 32119 US

**FEI Number:** 81-1549784

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARIAS TOVAR, ILEANA  
2250 N.W. 136TH AVE.  
PEMBROKE PINES, FL 33028 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D/P  
Name            DIAZ, GERMAN  
Address        925 BEVILLE ROAD,  
                  SUITE 5  
City-State-Zip: SOUTH DAYTONA FL 32119

Title            D/V/P  
Name            ABAD, ROSA  
Address        925 BEVILLE ROAD,  
                  SUITE 5  
City-State-Zip: SOUTH DAYTONA FL 32119

Title            D/T  
Name            DIAZ, ANA MARIA  
Address        925 BEVILLE ROAD,  
                  SUITE 5  
City-State-Zip: SOUTH DAYTONA FL 32119

*I hereby 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 all other like empowered.*

**SIGNATURE:** GERMAN DIAZ

**MANAGER**

**02/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date