

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2007 08:00 AM  
Secretary of State

DOCUMENT # 331733

1. Entity Name  
DIAZ BROTHERS CONSTRUCTION CO. INC.



Principal Place of Business  
826 CAPRI STREET  
CORAL GABLES, FL 33134 US

Mailing Address  
826 CAPRI STREET  
CORAL GABLES, FL 33134 US



01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1228708

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, RODOLFO  
826 CAPRI STREET  
CORAL GABLES, FL 33134

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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

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**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DIAZ, LEONOR
STREET ADDRESS	826 CAPRI ST.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	P
NAME	DIAZ, RODOLFO
STREET ADDRESS	826 CAPRI ST.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	T
NAME	PAGAN, ANA MARIA
STREET ADDRESS	12791 N.W. 6 STREET
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	S
NAME	DIAZ, DAVID
STREET ADDRESS	826 CAPRI ST.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80049-013 150.00

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IN THIS SPACE

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: *Rodolfo Diaz* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2007

Date

305 446-6767

Daytime Phone #