## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90280 049 \*\*\*158.75

ANNUAL KEPOKI					
DOCUMENT # 408695  1. Entity Name DIZPUZ ENTERPRISES, INC.				04-23-2007 902	80 049 ***158.75
Principal Place of Business 2701 N.W. 26 STREET MIAMI, FL 33142		Mailing Address 2701 N.W. 26 STREET MIAMI, FL 33142		49078326	2:00 000 100 100 100 100 100 100 100 100
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112007 Chg-P C	R2E034 (12/06)
City & State		City & State		4. FEI Number 59-1426487	. Applied For Not Applicable
Zip 	Country	Zip	Country	<u></u>	\$8.75 Additional Fee Required
DIAZ, SYLVIA 2701 N.W. 26 ST. MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City  Zip Code		
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 accepted agent of registered agent.  SIGNATURE  Sphalure, typed or printeducine of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)					
FILE NOW!!! FEE 'S \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					DE AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIAZ, SYLVIA 2701 NW 26 ST MIAMI, FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DIAZ, ROBERTO 2701 NW 26 ST. MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 filling 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:

E AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19100 305-400