


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 505248 1. Entity Name RONNIE DIAZ REALTY CORP. |  |
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| Principal Place of Business 7248 NORTH DALE MABRY TAMPA, FL 33614 | Mailing Address 7248 NORTH DALE MABRY TAMPA, FL 33614 |
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01212004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1678704 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DIAZ, RONALD MICHAEL 6127 GALLEON WAY TAMPA, FL 33615 |
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IN THIS SPACE**

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, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DIAZ, RONALD MICHAEL 6127 GALLEON WAY TAMPA, FL 33615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STV DIAZ, SONJA PRISCILA 6127 GALLEON WAY TAMPA, FL 33615 |
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01/26/04-80006-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without the employment.

SIGNATURE:  **President** 1-21-04 (813) 885-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #