

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 563563**

1. Entity Name  
**DIESEL MACHINERY REALTY, INC.**



Principal Place of Business  
**2050 N.W. 95 AVE.  
MIAMI, FL 33172 US**

Mailing Address  
**2050 N.W. 95 AVE.  
MIAMI, FL 33172 US**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1885143**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, ROBERT  
414 NE 4TH ST  
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000562742  
05/19/06-80067-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIANGRANDI, FRANCO V 2050 NW 95TH AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT MATUSZAK, CHARLES 2050 NW 95TH AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATUSZAK, CHARLES 2050 NW 95TH AVE MIAMI, FL 33172
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**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-06 305-3812500