

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 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**



01052007 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, 2007 Fee will be \$550.00**

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

**U00000590257
01/18/07-80048-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GIANGRANDI, FRANCO V
STREET ADDRESS 2050 NW 95TH AVE
CITY-ST-ZIP MIAMI, FL 33172

TITLE SVT
NAME MATUSZAK, CHARLES
STREET ADDRESS 2050 NW 95TH AVE
CITY-ST-ZIP MIAMI, FL 33172

TITLE D
NAME MATUSZAK, CHARLES
STREET ADDRESS 2050 NW 95TH AVE
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Charles Matuszak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

Date

305-392-2500

Daytime Phone #