


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90419 006 \*\*\*150.00

<b>DOCUMENT # 567238</b> 1. Entity Name DIAZ INVESTMENT CORP.	
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Principal Place of Business 10750 SW 44 TERR MIAMI, FL 33165 US	Mailing Address 10450 SW 44 TERRACE MIAMI, FL 33165 US
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**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1807866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
DIAZ, RAFAEL  
612 S.W. 103 CT  
MIAMI, FL 33174

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, RAFAEL 6969 COLLINS AVE. #702 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIAZ, RAFAEL 6969 COLLINS AVE. #702 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIAZ, RAFAEL 6969 COLLINS AVE. #702 MIAMI BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:**  **RAFAEL DIAZ** **4/26/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**PRESIDENT**