

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 567238**

1. Entity Name  
**DIAZ INVESTMENT CORP.**



Principal Place of Business  
**10750 SW 44 TERR  
MIAMI, FL 33165 US**

Mailing Address  
**10450 SW 44 TERRACE  
MIAMI, FL 33165 US**

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1807866**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME DIAZ, RAFAEL  
STREET ADDRESS 6969 COLLINS AVE. #702  
CITY - ST - ZIP MIAMI BEACH, FL

TITLE S  
NAME DIAZ, RAFAEL  
STREET ADDRESS 6969 COLLINS AVE. #702  
CITY - ST - ZIP MIAMI BEACH, FL

TITLE T  
NAME DIAZ, RAFAEL  
STREET ADDRESS 6969 COLLINS AVE. #702  
CITY - ST - ZIP MIAMI BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/20/08-80017-010 150.00

**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

**RAFAEL DIAZ** 4/25/08  
**PRESIDENT**

Date

Daytime Phone #