


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90177 007 ***158.75

DOCUMENT # 578799

1. Entity Name
MANUEL DIAZ FARMS, INC.



Principal Place of Business 23705 SW.117TH AVE. MIAMI, FL 33032	Mailing Address 23705 SW.117TH AVE. MIAMI, FL 33032
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20047094

2. Principal Place of Business 26401 S.W. 107TH AVE	3. Mailing Address 26401 S.W. 107TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02222005 Chg-P CR2E034 (10/03)

City & State HOMESTEAD, FL.	City & State HOMESTEAD, FL.	4. FEI Number 59-1832429	Applied For Not Applicable
Zip 33032	Country USA	Zip 33032	Country USA

6. Name and Address of Current Registered Agent

DIAZ-FOX, EMILIA
1441 BRICKELL AVE., STE 1005
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST DIAZ, MANUEL C. 23705 SW 117TH AVENUE HOMESTEAD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26401 S.W. 107TH AVE. HOMESTEAD, FL. 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:  **Manuel Diaz, Pres.** Date: **4/15/05** Daytime Phone #: **305-258-8440**