
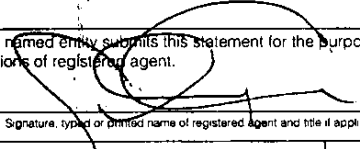
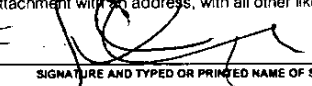


FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90211 029 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H06139			
1. Entity Name JOHN J. DIAZ JR., P.A.			
Principal Place of Business 1602 W. SLIGH AVE., SUITE 100 TAMPA, FL 33604		Mailing Address 1602 W. SLIGH AVE., SUITE 100 TAMPA, FL 33604	
2. Principal Place of Business - No P.O. Box # 18960 N. Dale Mabry		3. Mailing Address 18960 N. Dale Mabry	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lutz, FL		City & State Lutz, FL	
Zip 33548	Country USA	Zip 33548	Country USA
6. Name and Address of Current Registered Agent DIAZ, JOHN J., JR. 1602 W. SLIGH AVE., SUITE 100 TAMPA, FL 33604		7. Name and Address of New Registered Agent Name John J. Diaz, Jr. Street Address (P.O. Box Number is Not Acceptable) 18960 N. Dale Mabry City Lutz FL Zip Code 33548	
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  John J. Diaz, Jr. 1/11/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DIAZ, JOHN J., JR. 1602 W. SLIGH AVE STE 100 TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John J. Diaz, Jr. 18960 N. Dale Mabry Lutz, FL 33548 <input checked="" 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
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 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:  John J. Diaz, Jr.		1/11/07 813-935-4225 Date Daytime Phone #	