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.

60001296

Principal Place of Business	Mailing Address
1602 W. SLIGH AVE., SUITE 100 TAMPA, FL 33604	1602 W. SLIGH AVE., SUITE 100 TAMPA, FL 33604

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18960 N. Dale Mabry	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

4. FEI Number: 59-2410306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, JOHN J., JR. 1602 W. SLIGH AVE., SUITE 100 TAMPA, FL 33604	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
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

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD John J. Diaz, Jr. 18960 N. Dale Mabry Lutz, FL 33548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #