## FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90211 029 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION

ANNUA	L REPORT						
DOCUMENT # H06139 1. Entity Name JOHN J. DIAZ JR., P.A.							
		13	3.00			000	
Principal Place of Business 1602 W. SLIGH AVE., SUITE 100 TAMPA, FL 33604	SLIGH AVE., SUITE 100 1602 W. SLIGH AVE., SUITE 10			60001296			
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
18960 N. Dale Mabry Suite, Apt. #, etc.	18960 N. Da Suite, Apt. #, etc.	<u>le Mar</u>	ory	01102007	Chg-P	CR2E034 (12/06)	•
City & State	City & State	<del></del>	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	<u>-</u>	· · · · · ·	pplied For
LUtz, FL	Lutz, FL			59-2410		N	lot Applicable
Zip Country 33548 USA	7ip 33548	Country ILS A		5. Certificate o	Status Desired	□ \$8.75 Ad Fee Require	lditional ed
6. Name and Address of Curre		Nan	me .	7. Name and A	ddress of New R	egistered Agent	
DIAZ, JOHN J., JR. 1602 W. SLIGH AVE., SUITE 100 TAMPA, FL 33604		J. Stre	ohn J eet Address (	. Diaz, P.O. Box Number N. Dale	is Not Acceptable	:)	
7							
		City	Lutz			FL zig Sig	548
<ol> <li>The above named entity submits this statement the obligations of registered agent.</li> </ol>	for the surpose of changing its	registered offic	ce or register	ed agent, or both	, in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE		J. Di			1,	/11/07	
Signature, typid or printed name of registered ag	ent 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 \$55	9. Election Campaig Trust Fund Contr		<b>\$5.</b> □ Add	.00 May Be ed to Fees			
	ID DIRECTORS	11.	PD	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
TITLE PD NAME DIAZ, JOHN J., JR.	☐ Delete	TITLE NAME		nn J. D:	iaz. Jr.	Change.	Addition
STREET ADDRESS 1602 W.SLIGH AVE STE 100 CITY-ST-ZIP TAMPA, FL 33604		STREET ADDR	ESS   189	960 N. I z, FL	iaz, Jr. Dale Mab	ory	
TITLE	☐ Delete	TITLE	Lut	_ <u> </u>	33340	☐ Change	Addition
NAME		NAME	YEOG				
STREET ADDRESS CITY-ST-ZIP		STREET ADDR					
TITLE	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS		NAME STREET ADOR	RESS				
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME	Delete	title Name				Change	☐ Addition
STREET ADDRESS		STREET ADOR	ı				
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE				☐ Change	☐ Addition
NAME	Z Delete	NAME					Addison
STREET ADDRESS  CITY-ST-ZIP		STREET ADDR					
TITLE ,	☐ Delete	TITLE		-		☐ Change	Addition
NAME Street address		NAME STREET ADDR	ess				
CITY-ST-ZIP		CITY-ST-ZIP					
Hereby certify that the information supplied vindicated on this report or supplemental seption of the corporation or the receiver or poster changed, or on an attachment will an address.	with this filing does not qualify for It is true and accurate and that in apowered to execute this report is is, with all other like empowered.	r the exemption ny signature sh as required by	ons contained hall have the Chapter 607	in Chapter 119, same legal effect , Florida Statules	Florida Statutes. I as if made under of and that my name	further certify that the path; that I am an office a appears in Block 10 o	information er or director or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OF	John OR PRINCED NAME OF SIGNING OFFICER	J. Di	az, J	r 1/	11/07 Date	813-935- Dayltrie Phone #	4225_