

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90031 012 \*\*\*158.75

**DOCUMENT # K54846**

1. Entity Name

**DIAZ MARINE ELECTRONICS & ELECTRIC, INC.**



Principal Place of Business

2520 S.W 22ND ST )  
2294 )  
MIAMI FL 33145 )  
US )

**MOVED**

Mailing Address

%URBANO E. ANTON  
9545 SW 36TH STREET  
MIAMI FL 33165-4065



2. Principal Place of Business - No P.O. Box #

**8635 NW 3RD, LANE**

3. Mailing Address

Suite, Apt. #, etc.

**APT. # 1**

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

**MIAMI FL 33165**

City & State

4. FEI Number

**59-2925172**

Applied For

Not Applicable

Zip

**33165**

Country

**US**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ANTON, URBANO E  
9545 SW 36TH STREET  
MIAMI FL 33165**

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DIAZ, CARLOS M )  
STREET ADDRESS 3822 SW 79TH AVE., #104 ) **MOVED**  
CITY- ST- ZIP MIAMI FL )

TITLE PD DIAZ, CARLOS M ☐ Delete  
NAME 8635 NW 3RD. LANE  
STREET ADDRESS MIAMI FL 33126  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Carlos M. Diaz* **CARLOS M DIAZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/07*  
Date

Daytime Phone #