2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# L02000033287

Entity Name: DIAZ ENTERPRISE, LLC

Current Principal Place of Business:

1523 SW 161 AVENUE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

1523 SW 161 AVENUE
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 37-1454423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOU, PING H
12313 NW 26TH STREET
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: DIAZ, EDWIN A
Address: 1523 SW 161 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DIAZ, EDWIN A PRES.
Address: 1523 SW 161 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM ( ) Change (X) Addition
Name: DIAZ, MAXIMINO A V.PRES.
Address: 35 SOUTH PARK DR.
City-St-Zip: GARNERVILLE, NY 10923

Title: MGRM ( ) Change (X) Addition
Name: DIAZ, IRMA TRES.
Address: 35 SOUTHPARK DR.
City-St-Zip: GARNERVILLE, NY 10923

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWIN DIAZ PRES 01/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date