

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L06754

1. Entity Name
DIAZ TOWING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 22 PM 2:23

Principal Place of Business

760 NW 21 ST
MIAMI, FL 33127 US

Mailing Address

760 NW 21 ST
MIAMI, FL 33127 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0251808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MARTHA J
760 N W 21 ST
MIAMI, FL 33127

7. Name and Address of New Registered Agent

Name *ELIZABETH FOSTER.*

Street Address (P.O. Box Number is Not Acceptable)

760 NW 21 ST

City

Miami

FL

Zip Code

33127

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, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME DIAZ, JOSE
STREET ADDRESS 760 NW 21 ST
CITY-ST-ZIP MIAMI, FL 33127

TITLE **V** ☒ Delete
NAME DIAZ, MARTHA J
STREET ADDRESS 760 NW 21 ST
CITY-ST-ZIP MIAMI, FL 33127

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 **P** ☐ Change ☒ Addition
NAME *ELIZABETH FOSTER.*
STREET ADDRESS *760 NW 21 ST*
CITY-ST-ZIP *MIAMI FL 33127*

TITLE **VP** ☐ Change ☒ Addition
NAME *ELIZABETH FOSTER.*
STREET ADDRESS *760 NW 21 ST*
CITY-ST-ZIP *MIAMI FL 33127*

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #