2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2008 08:00 A Secretary of State DOCUMENT # N42842 1. Entity Name DIAZ GROUP HOME, INC. Principal Place of Business Mailing Address 11077 SW 25TH ST 11077 SW 25TH ST. MIAMI FL 33165 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 65-0257423 Not Applicable Country \$8.75 Additional Zio Country Zin 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, CARMEN Street Address (P.O. Box Number is Not Acceptable) 4261 S.W. 150TH AVE. MIAMI FL 33185 City Z:p 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 CATE Signature, typed or period name of registered agent until the flamplicable. (NOTE: Registered Agent signature interred what reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Delete Addition TITLE DIAZ, CARMEN NAME /<u>/03/08-30030-020</u> 81.25 4261 SW 150TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delate Change Addition TITLE TITLE **ROSANNA HILARIO** NAME NAME 8341 NW 7TH ST, S-7 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE DIAZ, PEDRO NAME NAME 8341 NW 7TH ST, S-7 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition Defete TITLE TITLE FONG, MIKIEN NAME 14345 SW 139TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MIAMI FL CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZiP ☐ Delete HL Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZIF CITY: \$1-ZP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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 617, 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

Splan

3/14/08

786-3086640

FILED