

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90039 008 \*\*\*150.00

**DOCUMENT # P00000052999**

1. Entity Name  
**DIEZ ARCHITECTURE, INC.**



Principal Place of Business  
**5001 SW 74 COURT #105  
MIAMI, FL 33155**

Mailing Address  
**5001 SW 74 COURT #105  
MIAMI, FL 33155**

2. Principal Place of Business  
**7430 SW 48th STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**7430 SW 48th STREET**  
Suite, Apt. #, etc.



01032006 Chg-P CR2E034 (11/05)

City & State  
**MIAMI, FLORIDA**  
Zip  
**33155** Country  
**USA**

City & State  
**MIAMI, FLORIDA**  
Zip  
**33155** Country  
**USA**

4. FEI Number  
**65-1012216** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DIEZ, PEDRO  
5001 SW 74 COURT #105  
MIAMI, FL 33155**

**7. Name and Address of New Registered Agent**

Name  
**DIEZ, PEDRO**  
Street Address (P.O. Box Number is Not Acceptable)  
**7430 SW 48th STREET**  
City  
**MIAMI** FL Zip Code  
**33155**

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 **PEDRO DIEZ**

**1-3-06**

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 \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEZ, PEDRO 5001 SW 74 COURT #105 MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>7430 SW 48th STREET MIAMI, FL 33155</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **PEDRO DIEZ**

**1-3-06 305-663-1970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #