
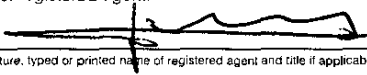
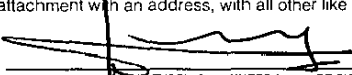


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90009 009 ***150.00

DOCUMENT # P00000090663 1. Entity Name GREGORIO DIEZ CORP.					
Principal Place of Business 8165 NW 74TH AVE MIAMI, FL 33166			Mailing Address 8165 NW 74TH AVE MIAMI, FL 33166		
2. Principal Place of Business 1265 MARSEILLES DRIVE Suite, Apt. #, etc. SUITE 133 City & State MIAMI BEACH, FL Zip 33141			3. Mailing Address 1265 MARSEILLES DRIVE Suite, Apt. #, etc. SUITE 133 City & State MIAMI BEACH, FL Zip 33141		
Country USA			Country USA		
4. FEI Number 65-1050664			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			03052004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent VALLE, ALEJANDRO 8165 NW 74TH AVE MIAMI, FL 33166			7. Name and Address of New Registered Agent Name VALLE, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 1265 MARSEILLES DRIVE, #133 City MIAMI BEACH		
State FL			Zip Code 33141		
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 				DATE 03/12/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLE, ALEJANDRO <input type="checkbox"/> Delete 8165 NW 74TH AVE MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLE, ALEJANDRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1265 MARSEILLES DRIVE, #133 MIAMI BEACH, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: 				DATE 03/12/04	
Signature and typed or printed name of signing officer or director				Daytime Phone #	

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