

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000046212

1. Entity Name
J.R. DIAZ INVESTMENTS, INC.



Principal Place of Business
4601 SOUTHEAST 5TH AVENUE
APT 207
CAPE CORAL, FL 33904

Mailing Address
PO BOX 152348
CAPE CORAL, FL 33915

DO NOT WRITE IN THIS SPACE

**FILED
Feb 03, 2006 8:00 am
Secretary of State**

02-03-2006 90005 041 ***150.00

60011234



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1103121	Applied For
5. Certificate of Status Desired	
<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIAZ-VALDEPARES, JOSE
1100 S. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIAZ-VALDEPARES, JOSE
STREET ADDRESS	4601 SOUTHEAST 5TH AVENUE APT 207
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #