

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90134 017 ***150.00

DOCUMENT # P01000069238
1. Entity Name
THE DIAZ EFFORT, INC.



90137284

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
123 PEMBROKE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
123 PEMBROKE DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

4. FEI Number
65-1123428

Applied For
 Not Applicable

Zip
33418

Country
US

Zip
33418

Country
US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DIAZ, ROBERT L

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

City
PALM BEACH GARDENS FL

Zip Code
33418

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State.

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
TITLE	D	TITLE	DIAZ, ROBERT L	123 PEMBROKE DRIVE	PALM BEACH GARDENS, FL 33418
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L Diaz 5/2/03 381 630 7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)