


05-06-2004 90170 014 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P01000087446</b> 1. Entity Name <b>DIAZ INTERIORS, CORP.</b>		
Principal Place of Business <b>7951 SW 40TH STREET, SUITE 206                  MIAMI, FL 33155</b>		Mailing Address <b>7951 SW 40TH STREET, SUITE 206                  MIAMI, FL 33155</b>
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip		Zip
6. Name and Address of Current Registered Agent <b>DIAZ, OSVALDO J                  7951 SW 40TH STREET, SUITE 206                  MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City
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 translating) _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DIAZ, OSVALDO J</b> <b>7951 SW 40TH STREET, SUITE 206</b> <b>MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>DIAZ, ROBERTO</b> <b>7951 SW 40TH STREET, SUITE 206</b> <b>MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>4/29/04</b> Daytime Phone #: <b>305 2016251</b>

66426077



04302004 Chg-P CR2E034 (10/03)

4. FEI Number: **201166407** Applied For  Not Applicable

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