


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000019506 1. Entity Name DIAZ CONSULTING & INVESTMENT INC.	
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Principal Place of Business 15211 S W 164 STREET MIAMI, FL 33187	Mailing Address 15211 S W 164 STREET MIAMI, FL 33187
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DO NOT WRITE IN THIS SPACE



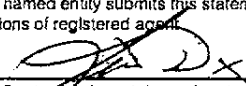
05082006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0553738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, LINO 15211 S W 164 STREET MIAMI, FL 33187
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**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:  LINO DIAZ 5/8/06
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
Due by September 6, 2006**

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

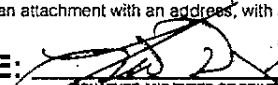
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, LINO 15211 S W 164 STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, LYDIA M 15211 S W 164 STREET MIAMI, FL 33187
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000564753
05/20/06-80088-012 150.00

**DO NOT WRITE
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 addressee, with all other like empowered.

SIGNATURE:  LINO DIAZ 5/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #