

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033397

FILED  
May 20, 2004  
Secretary of State

Entity Name: DIAZ ACQUISITIONS CORP.

**Current Principal Place of Business:**

13501 SW 268 STREET  
NARANJA, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

13501 SW 268 STREET  
NARANJA, FL 33032

**New Mailing Address:**

FEI Number: 02-0608938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAAS, JOHN P ESQ  
44 NE 16 STREET  
HOMESTEAD, FL 33030      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DIAZ, JOHN  
Address: 28401 SW 158 CT  
City-St-Zip: HOMESTEAD, FL 33033

Title: D      ( ) Delete  
Name: DIAZ, JIMMY  
Address: 90 EDGEWATER DRIVE  
City-St-Zip: CORAL GABLES, FL 33133

Title: D      ( ) Delete  
Name: DIAZ, HENRY  
Address: 10620 SW 125 STREET  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY DIAZ

OFFI

05/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date