


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90046 034 ***150.00

DOCUMENT # P02000033397

1. Entity Name
DIAZ ACQUISITIONS CORP.



Principal Place of Business
**13501 SW 268 STREET
 NARANJA, FL 33032**

Mailing Address
**13501 SW 268 STREET
 NARANJA, FL 33032**

2. Principal Place of Business
1239 N.E. 8TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
1239 N.E. 8TH STREET
 Suite, Apt. #, etc.

City & State
HOMESTEAD FLORIDA

City & State
HOMESTEAD FLORIDA

Zip Country
33033

Zip Country
33033



01162006 Chg-P CR2E034 (11/05)

4. FEI Number
02-0608938

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

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	D	<input type="checkbox"/> Delete
NAME	DIAZ, JOHN	
STREET ADDRESS	28401 SW 158 CT	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, JIMMY	
STREET ADDRESS	90 EDGEWATER DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, HENRY	
STREET ADDRESS	10620 SW 125 STREET	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: [Signature] President 1/23/06 305 242-2094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #