

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000053379

1. Entity Name
 DIEGO'S TRIM & WOOD FLOORING, INC.



Principal Place of Business
 2089 MONTEREY DR.
 DELTONA, FL 32738

Mailing Address
 2089 MONTEREY DR.
 DELTONA, FL 32738



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 01-0723176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGUILERA, DIEGO
 1952 STANTON ST
 DELTONA, FL 32738

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	AGUILERA, DIEGO
STREET ADDRESS	2089 MONTEREY DR.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	VD
NAME	AGUILERA, MARYURY
STREET ADDRESS	2089 MONTEREY DR.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	S
NAME	AGUILERA, JORGE
STREET ADDRESS	1516 HOWLAND BLVD.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/02/07-80054-020 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07
Date

Daytime Phone #