

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

05-27-2008 90039 035 ***150.00

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
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2. Principal Place of Business - No P.O. Box # 2089 monterey DR	3. Mailing Address 2089 monterey DR
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A

City & State DELTONA	City & State FLORIDA
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Zip 32738	Country VOLUSIA	Zip 32738	Country VOLUSIA
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66014406



05192008 Chg-P CR2E034 (12/06)

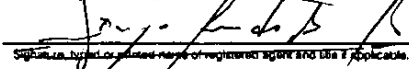
4. FEI Number 01-0723176	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AGUILERA, DIEGO 1952 STANTON ST DELTONA, FL 32738

7. Name and Address of New Registered Agent Name AGUILERA DIEGO Street Address (P.O. Box Number is Not Acceptable) 2089 monterey DR City DELTONA FL Zip Code 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 	DATE 6/13/08
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**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

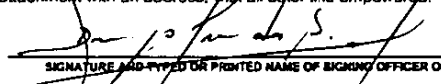
8. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	DATE 6/13/08	Daytime Phone #
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