

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093194

Entity Name: DIAZ HAULING CORP.

FILED  
Feb 02, 2006  
Secretary of State

## Current Principal Place of Business:

629 W OBISPO AVE  
CLEWISTON, FL 33440

## New Principal Place of Business:

936 SAWGRASS ST  
CLEWISTON, FL 33440

## Current Mailing Address:

629 W OBISPO AVE  
CLEWISTON, FL 33440

## New Mailing Address:

936 SAWGRASS ST  
CLEWISTON, FL 33440

FEI Number: 01-0742281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, PEDRO O  
629 W OBISPO AVE  
CLEWISTON, FL 33440 US

## Name and Address of New Registered Agent:

DIAZ, PEDRO O  
936 SAWGRASS ST  
CLEWISTON, FL 33440 US

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: PEDRO O DIAZ

02/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DIAZ, PEDRO O  
Address: 629 W OBISPO AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: DV ( ) Delete  
Name: DIAZ, DURVES Z  
Address: 629 W OBISPO AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: DT ( ) Delete  
Name: DIAZ, OMAR  
Address: 629 W OBISPO AVE  
City-St-Zip: CLEWISTON, FL 33440

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DIAZ, PEDRO O  
Address: 936 SAWGRASS ST  
City-St-Zip: CLEWISTON, FL 33440

Title: DV (X) Change ( ) Addition  
Name: DIAZ, DURVES Z  
Address: 936 SAWGRASS ST  
City-St-Zip: CLEWISTON, FL 33440

Title: DT (X) Change ( ) Addition  
Name: DIAZ, OMAR  
Address: 936 SAWGRASS ST  
City-St-Zip: CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PEDRO O DIAZ

DP

02/02/2006

Electronic Signature of Signing Officer or Director

Date