


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90004 018 \*\*\*150.00

<b>DOCUMENT # P03000008052</b>			
1. Entity Name <b>PABLO DIANA CORPORATION</b>			
Principal Place of Business <b>4966 LUCKETT ROAD FORT MYERS, FL 33905 US</b>		Mailing Address <b>4966 LUCKETT ROAD FORT MYERS, FL 33905 US</b>	
2. Principal Place of Business <b>2017 NE 5TH Terrace</b>		3. Mailing Address <b>2017 NE 5TH Terrace</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL FL</b>	
Zip <b>33909</b>	Country	Zip <b>33909</b>	Country
4. FEI Number <b>26-0057691</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MENDOZA, OSCAR E 8143 NW 191ST STREET MIAMI LAKES, FL, FL 33015</b>		7. Name and Address of New Registered Agent Name <b>DIANA PABLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2017 NE 5TH TERRACE</b> City <b>CAPE CORAL FL</b> Zip Code <b>33909</b>	
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 <u><i>X Pablo Diana</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIANA, PABLO 4966 LUCKETT ROAD FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIANA, PABLO 2017 NE 5TH TERR. CAPE CORAL FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>X Pablo Diana</i></u>		Date <u><i>6-19-06</i></u> Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			