2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 06, 2005 8:00 am Secretary of State

REAL ESTATE DIAZ INVESTMENT GROUP, INC.	
Principal Place of Business Mailing Address 13500 N KENDALL DR 13500 N KENDAL 195 195 MIAMI, FL 33173 MIAMI, FL 33173	20027254
2. Principal Place of Business 3. Mailing Address 3. Walling Address 3. Walling Address 3. Walling Address 3. Walling Address 4. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Suite, Apt. #, etc.	04042005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For
Zip Country JSB SU Country Country Country SB SU Country SB SU	26-0058953 Not Applicable Country 5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
DIAZ, ORLANDO A 13500 N KENDALL DR STE 195 MIAMI, FL 33186	Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SHE 265 City M. Good. FL Zig Code M.
8. The above named entity submits this statement for the surpose of change the obligations of registered abent. SIGNATURE Signature, typed originated halfs of registered agent and title if applicable.	ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) DATE
	ampaign Financing \$5.00 May Be Contribution.
10. OFFICERS AND DIRECTORS TITLE P ☐ Delete NAME DIAZ, ORLANDO A STREET ADDRESS 13500 N KENDALL DR STE 195 CITY-ST-ZIP MIAMI, FL 33186	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P Addition NAME DIAZ. Or Ordo A STREET ADDRESS 13500 M. Kendall D #255 CITY-ST-ZIP Missing Telephone 1500 M.
TITLE Ocidete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME SIREET ADDRESS CITY-ST-ZIP
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-SI-ZIP
TITLE : Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
indicated on this report or supplemental report is true and accurate and	lify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if tered.

IGNING OFFICER OR DIRECTOR