

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 08, 2005 8:00 am
Secretary of State**

04-08-2005 90082 034 ***150.00

DOCUMENT # P03000153731		
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1. Entity Name
RAFAEL DIAZ, INC.

Principal Place of Business 4824 COLLEGE COURT APT 20-C TAMPA, FL 33617	Mailing Address 4824 COLLEGE COURT APT 20-C TAMPA, FL 33617
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2. Principal Place of Business 10037 Flora Terrace	3. Mailing Address 10037 Flora Terrace
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Suite, Apt. #, etc. 	Suite, Apt. #, etc.
City & State Apollo Beach, FL	City & State Apollo Beach, FL
Zip 33572	Country Hills
Zip 33572	Country Hills

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIAZ, RAFAEL 4824 COLLEGE COURT APT 20-C TAMPA, FL 33617		Name Diaz Rafael Street Address (P.O. Box Number is Not Acceptable) 6037 Flora Terrace Apollo Beach	
City		FL	Zip Code 33572

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

Rafael Diaz (Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

\$15/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, RAFAEL 4824 COLLEGE COURT TAMPA, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIAZ, RAFAEL 6037 Flora Terrace Apollo Beach, FL 33572	<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
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 exemption stated in Section 119.07(3)(i), 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: *Rafael Diaz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/15/05