


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90069 050 ***150.00

DOCUMENT # P04000007703	
1. Entity Name ALEXANDER DIAZ, P.A.	

Principal Place of Business 1257 SOUTH WEST 15TH STREET SUITE # 205 MIAMI, FL 33145 US	Mailing Address 1257 SOUTH WEST 15TH STREET SUITE # 205 MIAMI, FL 33145 US
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2. Principal Place of Business 700 NE 63 ST Suite, Apt. #, etc. D-406 City & State MIAMI FL Zip 33138 Country USA	3. Mailing Address 700 NE 63 ST Suite, Apt. #, etc. D-406 City & State MIAMI FL Zip 33138 Country USA
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02112005 Chg-P CR2E034 (10/03)

4. FFL Number 841633817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DIAZ-FERNANDEZ, JOSE 1257 SOUTH WEST 15TH STREET SUITE # 205 MIAMI, FL 33145	
7. Name and Address of New Registered Agent Name DIAZ-FERNANDEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 14317 SW 296 ST City HOMESTEAD FL Zip Code 33033	

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.

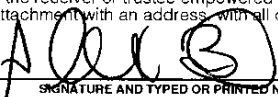
SIGNATURE  DATE **02-11-05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNED / PRESIDENT FERNANDEZ DIAZ 700 NE 63 ST D-406 MIAMI FL 33138 <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
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:  DATE **02-11-05** 786 236 4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #