

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 23 AM 8: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000065575		
1. Entity Name SIERRA & DIAZ. CORP <i>P04000065575</i>		
Principal Place of Business 3059 LAKESHORE BLVD ST CLOUD, FL 34769 US	Mailing Address 3059 LAKESHORE BLVD. ST. CLOUD, FL 34769 US	



07172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1907778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIERRA, MARTHA A
3059 LAKESHORE BLVD.
ST. CLOUD, FL 34769

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AS

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 *[Signature]* DATE *10/18/07*

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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIERRA, MARTHA A 3059 LAKESHORE BLVD. ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIERRA, LEOPOLDO 3059 LAKESHORE BLVD. ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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400111155894
10/23/07--01022--005 **150.00

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: *[Signature]* DATE *10/18/07* DAYTIME PHONE # *1371-246-0532*

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