

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/24/2005-90123-046-\$150.00-\$150.00

DOCUMENT # P04000118828

1. Entity Name

DIAZ FINANCIAL INVESTMENTS, INC.



2005 JUN 16 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9737 NW 41 ST STE 389
MIAMI FL 33178

Mailing Address
9737 NW 41 ST STE 389
MIAMI FL 33178



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 931

City & State

Miami, Florida

Zip

33126

Country

USA

3. Mailing Address

9737 NW 41 Street

Suite, Apt. #, etc.

#389

City & State

Doral, Florida

Zip

33178

Country

USA

4. FEI Number

26-0093493

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER, MARK
9737 NW 41 ST STE 389
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mark Christopher

Mark Christopher

4/30/05

Signature, typed or printed name of registered agent and fee is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, MANUEL	
STREET ADDRESS	9737 NW 41 ST STE 389	
CITY-STATE-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, MARK	
STREET ADDRESS	9737 NW 41 ST STE 389	
CITY-STATE-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERTUCCI, CAROLINA	
STREET ADDRESS	9737 NW 41 ST STE 389	
CITY-STATE-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

Mark Christopher

Mark Christopher

4/30/05

(305) (305) 796-9923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Use

Signature Photo

6/17/05