

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000118828

1. Entity Name
DIAZ FINANCIAL INVESTMENTS, INC.



Principal Place of Business
5201 BLUE LAGOON DRIVE
SUITE 931
MIAMI, FL 33126

Mailing Address
5201 BLUE LAGOON DRIVE 9737 NW 41 ST
SUITE 931 STE 389
MIAMI, FL 33126 MIAMI, FL 33178



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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
Signature typed or printed name of registered agent and title if applicable.

Mark Christopher
(NOTE: Registered Agent signature required when reinstating)

4/27/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME DIAZ, MANUEL
STREET ADDRESS 9737 NW 41 ST STE 389
CITY-ST-ZIP MIAMI, FL 33178

TITLE D
NAME CHRISTOPHER, MARK
STREET ADDRESS 9737 NW 41 ST STE 389
CITY-ST-ZIP MIAMI, FL 33178

TITLE D
NAME BERTUCCI, CAROLINA
STREET ADDRESS 9737 NW 41 ST STE 389
CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100074324291
05/10/06--01006--005 **150.00

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Vcm
5/1/06

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: Mark Christopher Mark Christopher 4/27/06 (305) 796-9923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #