


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

07 FEB 15 PM 12:57

<b>DOCUMENT # P04000118828</b> 1. Entity Name DIAZ FINANCIAL INVESTMENTS, INC.	
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Principal Place of Business 5201 BLUE LAGOON DRIVE SUITE 931 MIAMI, FL 33126	Mailing Address 9737 NW 41 ST. STE. 389 MIAMI, FL 33178
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02012007 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 <input type="checkbox"/>	\$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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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000088442010  
02/15/07--01012--003 \*\*150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, MANUEL 9737 NW 41 ST STE 389 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER, MARK 9737 NW 41 ST STE 389 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTUCCI, CAROLINA 9737 NW 41 ST STE 389 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2007

Date

(305) 796-9927

Daytime Phone #