

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000132166

1. Entity Name  
 PRINCETON COMMERCIAL CENTRE, INC.



Principal Place of Business  
 1239 NE 8TH STREET  
 CAMPBELL PLAZA  
 HOMESTEAD, FL 33030

Mailing Address  
 1239 NE 8TH STREET  
 HOMESTEAD, FL 33030



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 61-1478467

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JOHN  
 1239 NE 8TH STREET  
 HOMESTEAD, FL 33030

**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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

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          | P                   |
| NAME           | DIAZ, JOHN          |
| STREET ADDRESS | 1239 NE 8TH STREET  |
| CITY-ST-ZIP    | HOMESTEAD, FL 33030 |
| TITLE          | VP                  |
| NAME           | DIAZ, JIMMY         |
| STREET ADDRESS | 1239 NE 8TH STREET  |
| CITY-ST-ZIP    | HOMESTEAD, FL 33030 |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

00000397741  
 01/30/06-80061-010 150.00

**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: **John Diaz**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 1/26/06  
 Daytime Phone #: (305) 246 2262