


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90008 017 ***158.75

DOCUMENT # P04000148725

1. Entity Name
ALFREDO E. DIAZ P.A.



Principal Place of Business
15202 SW 25TH TERRACE
MIAMI, FL 33185

Mailing Address
15202 SW 25TH TERRACE
MIAMI, FL 33185

2. Principal Place of Business
2421 SW 152ND CT

3. Mailing Address
2421 SW 152ND COURT

Suite, Apt. #, etc.



02172006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
20-1777701

Applied For
 Not Applicable

Zip
33185-5743

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

DIAZ, ALFREDO E
15202 SW 25TH TERRACE
MIAMI, FL 33185

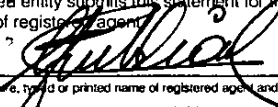
7. Name and Address of New Registered Agent

Name **DIAZ, ALFREDO E**

Street Address (P.O. Box Number is Not Acceptable)
2421 SW 152ND COURT

City **MIAMI** FL Zip Code **33185**

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  **ALFREDO E. DIAZ - PRESIDENT** DATE **02-15-2006**

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
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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, ALFREDO E 15202 SW 25TH TERRACE MIAMI, FL 33185	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S ACOSTA, LISBETH 2421 SW 152ND COURT MIAMI, FL 33185-5743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ALFREDO E. DIAZ - President** Date **02-15-2006** Daytime Phone # **305-480-7073**

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