## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000053966

1. Entity Name DIAZ'S FINEST UPHOLSTERY, INC.

FILED Apr 09, 2007 08:00 All Secretary of State

Principal Place of Business

2010 NW MIAMI CT MIAMI, FL 33127 Mailing Address

2010 NW MIAMI CT MIAMI, FL 33127



## DO NOT WRITE IN THIS SPACE

04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0621604 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JORGE 341 NW 144 ST MIAMI, FL 33168

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

3 30 07

Daytime Phone #

| 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 title if applicable (NOTE, Registered Age   |   |       |  | e required when reinstating)   | DATE                                      |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.  |   |       |  | \$5.00 May Be<br>Added to Fees |   |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | D DIAZ, JORGE<br>341 NW 144 ST<br>MIAMI, FL 33168 | CTORS |  |                                | U00000695687                              |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |       |  |                                | U00000695687<br>04/17/07-80068-023 150.00 |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |       |  | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |       |  | iN                             | THIS SPACE                                |
| NAME STREET ADDRESS CITY-ST-ZIP  |   |       |  |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |       |  |                                |   |
| 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. |   |       |  |                                |   |

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR