


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90027 046 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P05000064871</b>              |  |
| 1. Entity Name<br><b>DIAZ INVESTCO INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>780 N.W. 42 AVENUE, SUITE 422<br/>MIAMI, FL 33126-5536</b> | Mailing Address<br><b>780 N.W. 42 AVENUE, SUITE 422<br/>MIAMI, FL 33126-5536</b> |
|--|--|

40044000

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>782 NW 42 AVE STE 637</b> | 3. Mailing Address<br><b>782 NW 42 AVE</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.<br><b>SUITE 637</b>    |

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br><b>MIAMI FL</b> | City & State<br><b>MIAMI FL</b> |
| Zip<br><b>33126</b>             | Country                         |
| Zip<br><b>33126</b>             | Country                         |

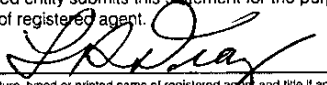


03062007 Chg-P CR2E034 (12/06)

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| 4. FEI Number<br><b>02-0743159</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>DIAZ, LAZARO R<br/>780 N.W. 42 AVENUE, SUITE 422<br/>MIAMI, FL 33126-5536</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>LAZARO R. DIAZ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>782 NW 42 AVE STE 637</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33126</b> |
|---|--|

|   |      |
|---|------|
| 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    | DATE |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPS<br>DIAZ, LAZARO R<br>780 N.W. 42 AVENUE, SUITE 422<br>MIAMI, FL 331265536 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DPS<br>DIAZ, LAZARO R<br>19934 NW 60 CT<br>MIAMI FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>DIAZ, LEONILA A<br>780 NW 42 AVE STE 422<br>MIAMI, FL 331265536 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DPA<br>DIAZ, LEONILA A.<br>19934 NW 60 CT<br>MIAMI FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  | Date: <b>3/8/7</b> 305-442-4344 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                                 |