

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153355

Entity Name: RAMON DIAZ DELIVERY, INC.

FILED  
Mar 29, 2006  
Secretary of State

**Current Principal Place of Business:**

15957 SW 95 AVE SUITE 19  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

15957 SW 95 AVE SUITE 19  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 20-3811217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ, RAMON  
15957 SW 95 AVE SUITE 19  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

FERNANDEZ, MILKA  
15957 SW 95 AVE SUITE 19  
MIAMI, FL 33157 US

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.

SIGNATURE: MILKA FERNANDEZ

03/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DIAZ, RAMON  
Address: 15957 SW 95 AVE SUITE 19  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FERNANDEZ, MILKA  
Address: 15957 SW 95 AVE SUITE 19  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILKA FERNANDEZ

P

03/29/2006

Electronic Signature of Signing Officer or Director

Date