

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90057 005 \*\*\*158.75

|  |                                    |   |  |   |  |
|--|------------------------------------|---|--|---|--|
| <b>DOCUMENT # P06000028651</b><br>1. Entity Name<br><b>RACHEL DIAZ, P.A.</b>   |                                    |   |  |    |  |
| Principal Place of Business<br><b>111 NW 183RD ST., SUITE 404<br/>MIAMI GARDENS, FL 33169</b>  |                                    |   | Mailing Address<br><b>111 NW 183RD ST., SUITE 404<br/>MIAMI GARDENS, FL 33169</b>            |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><div style="text-align: center; font-size: 1.5em;">N/A</div>   |                                    | 3. Mailing Address<br><div style="text-align: center; font-size: 1.5em;">N/A</div>                                  |  |   |  |
| Suite, Apt. #, etc.  |                                    | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                                    | City & State  |  | 4. FEI Number<br><div style="font-size: 1.2em;">86-1161611</div> <div style="float: right;"> <input checked="" type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable       </div>  |  |
| Zip  | Country                            | Zip   | Country  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>DIAZ, RACHEL<br/>20711 NE 13TH AVE.<br/>MIAMI, FL 33179</b>   |                                    |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name <div style="font-size: 1.5em; text-align: center;">N/A</div><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <div style="float: right; text-align: right;">FL</div> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                    |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                    |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                 |   |  |
| TITLE  | PD <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | DIAZ, RACHEL                       |   | NAME   |   |  |
| STREET ADDRESS   | 20711 NE 13TH AVE.                 |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | MIAMI, FL 33179                    |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete    |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                    |   | NAME   |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete    |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                    |   | NAME   |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete    |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                    |   | NAME   |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete    |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                    |   | NAME   |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | 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. |                                    |   |  |   |  |
| <b>SIGNATURE:</b> <i>Rachel Diaz</i>   |                                    |   | <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <i>Rachel Diaz</i> |   |  |
|  |                                    |   | Date <i>4-19-07</i>  |   |  |
|  |                                    |   | Daytime Phone # <i>305 433-3210</i>  |   |  |