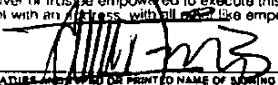


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3. **FILED**
Mar 22, 2007 8:00 am
Secretary of State

03-08-2007 90007 029 ***150.00

DOCUMENT # P06000128077			
1. Entity Name ART NOLDO DIAZ, INC			
Principal Place of Business 7350 SW 82 STREET C223 MIAMI, FL 33143 US		Mailing Address 7350 SW 82 STREET C223 MIAMI, FL 33143 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI Number 20-5676028		Applied For Not Applicable	
5. Certificate of Status Desired ☐ -		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, ARNOLDO 7350 SW 82 STREET C223 MIAMI, FLORIDA, FL 33143		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature of individual owner of registered agent and state is acceptable (P.O. Box Number is Not Acceptable)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, ARNOLDO 7350 SW 82 STREET APT C223 MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 like empowered.			
SIGNATURE: 		3/5/07	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66006205



03022007 Chg-P CR2E034 (12/06)