

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128914

Entity Name: JOSEPH DIAZ, P.A.

FILED  
Apr 25, 2007  
Secretary of State

## Current Principal Place of Business:

18520 N.W. 67TH AVE., SUITE 166  
HIALEAH, FL 33015

## New Principal Place of Business:

18520 N.W. 67TH AVE.,  
SUITE 166  
HIALEAH, FL 33015

## Current Mailing Address:

18520 N.W. 67TH AVE., SUITE 166  
HIALEAH, FL 33015

## New Mailing Address:

18520 N.W. 67TH AVE.  
SUITE 166  
HIALEAH, FL 33015

FEI Number: 01-0876288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VASQUEZ, JAMIE  
6889 NW 179TH STREET, # 101  
HIALEAH, FL 33015 US

## Name and Address of New Registered Agent:

VASQUEZ, JAMIE  
6889 NW 179TH STREET,  
APT. # 101  
HIALEAH, FL 33015 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:

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DIAZ, JOSEPH  
Address: 18520 N.W. 67TH AVE., SUITE 166  
City-St-Zip: HIALEAH, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH DIAZ

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date