

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90002 043 ***550.00

DOCUMENT # P94000020334

1. Entity Name

HECTOR M. DIAZ, P.A.



Principal Place of Business

2801 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES FL 33134
US

Mailing Address

2801 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES FL 33134
US



2. Principal Place of Business

2801 Ponce de Leon Blvd

3. Mailing Address

2801 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 320

Suite, Apt. #, etc.

Suite 320

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

2nd MOORE

CR2E034 (4/06)

4. FEI Number

65-0501283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, HECTOR M
717 POUNCE DE LEON BLVD
SUITE 309
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Hector M. Diaz

Street Address (P.O. Box Number is Not Acceptable)

2801 Ponce de Leon Blvd Suite 320

City

Coral Gables

FL

Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
DIAZ, HECTOR M
2801 PONCE DE LEON BLVD., #320
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hector Diaz President 8/29/06 (305) 444-5811