


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000078000
 1. Entity Name
FELIX M. DIAZ, JR., P.A.



Principal Place of Business Mailing Address
519 N KROME AVENUE **519 N KROME AVENUE**
HOMESTEAD, FL 33030 **HOMESTEAD, FL 33030**

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

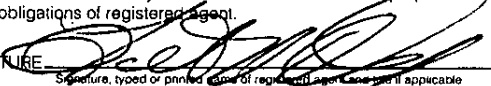
4. FEI Number
65-0529640 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIAZ JR, FELIX M ESQ
519 N KROME AVENUE
HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

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: **4/28/2008**

Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

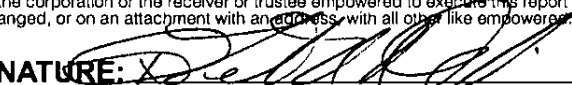
U00000933986
05/23/08-80014-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, FELIX M JR. 519 N. KROME AVENUE HOMESTEAD, FL 33030
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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 empowerers.

SIGNATURE:  DATE: **4/21/08** DAYTIME PHONE #: **305 245 2888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #