


**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.	
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Principal Place of Business 519 N KROME AVENUE HOMESTEAD, FL 33030	Mailing Address 519 N KROME AVENUE HOMESTEAD, FL 33030
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**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

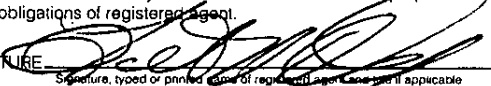
4. FEI Number 65-0529640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

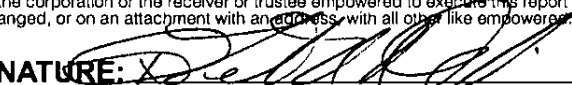
U00000933986  
05/23/08-80014-003 150.00

10. OFFICERS AND DIRECTORS

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

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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