

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000086916

FILED
Mar 08, 2006
Secretary of State

Entity Name: DIAZ-SOTO INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

620 EAST 49 ST.
HIALEAH, FL 33013 US

New Principal Place of Business:

Current Mailing Address:

14530 DADE PINE AVE.
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-0619548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ-SOTO, NANCY
14530 DADE PINE AVENUE
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIAZ-SOTO, NANCY
Address: 14530 DADE PINE AVE.
City-St-Zip: MIAMI LAKES, FL 33014

Title: T () Delete
Name: DIAZ-SOTO, NANCY
Address: 14530 DADE PINE AVE.
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: V () Delete
Name: DIAZ-GARCIA, NELIA
Address: 620 EAST 49 ST.
City-St-Zip: HIALEAH, FL 33013 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY DIAZ SOTO

D

03/08/2006

Electronic Signature of Signing Officer or Director

_____ Date