2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # P96000036449 1. Entity Name DIAZ MICA, INC.						Secreta	ary of Stat	e
Principal Place of Business Mailing Address				·	7			
82 E. 57 ST. 82 E. 57 ST. HIALEAH, FL 33013								
					_			
2. Principal Place of Business		3. Mailing Address			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	 	! 	
Suite, Apt #, etc.		Suite, Apt #, etc.		04252005	Chg-P	CR2E034 (10/03)	•	
City & State		City & State		4. FEI Numbe 65-0668			plied For t Applicable	
Zip	Country	Zip	Zip Count		5. Certificate	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Curren	Registered Agent	1		7. Name and	Address of New R	egistered Agent	
DIAZ NATALIO D				Name				
DIAZ, NATALIO P 82 E. 57 ST. HIALEAH, FL 33013				Street Address (P.O. Box Number is Not Acceptable)				
HIALEAR, F	-L 33013							
				City			FL Zip Code	e
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 Fiorida. 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								
	NOW!!! FEE IS \$150.00 y 1, 2005 Fee will be \$550				5.00 May Be ded to Fees			
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S JN 11
TITLE	DP	🗖 Delete	TOTAL	1			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	DIAZ, NATALIO P 82 E. 57 ST.			eet Address (-St-Zip		U000003 05/03/05-6	152830 30043-011 150	1.00
TITLE	DST 33013	☐ Delete	TITE				□ Change	☐ Addition
NAME	DIAZ, ZACARIAS D		NAM					☐ Acquisii
STREET ADDRESS	82 E. 57 ST.		STR	EET ADDRESS				
CITY-ST-ZIP	HIALEAH, FL 33013		Cir	/-ST-ZIP			<u> </u>	
TITLE NAME		☐ Delete	TITT	- 1			☐ Change	Addition Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ Delete	TIT	E			☐ Change	Addition
NAME			NAM	i				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP				
TITLE		☐ Delete	TITI				Change	Addition
NAME		T Delette	NA!				L Charge	LI AUGUIT
STREET ADDRESS			STR	ŽET ADDRESS				
CITY-ST-ZIP			CIT	r-st-ZIP				
TITLE		Delete	ודוד	1			Change	☐ Addition
NAME STREET ADDRESS			NA/ STE	ME EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
12. I hereby c	ertify that the information supplied wi	th this filing does not qualify for	or the exi	emption stated in S	Section 119.07(3)(i), Florida Statutes.	I further certify that the	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther 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 proper like empowered.								

4/8/2005

(305)392-9139

ACCURATION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: