## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

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DOCUMENT # P98000019310  1. Entity Name ELENA DIAZ & ASSOCIATES INC.					04-14-2008 90054 010 ***150.00					
Principal Place of Business Mailing Address										
601 SW 8ST		601 SW 8ST				_				
SUITE E		SUITE E			40068267					
MIAMI, FL 33144 US MIAMI, FL 33144 US									111) (L 121)	
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02222008	08 Chg-P CR2E034 (12/06)				
City & State		City & State			4. FEI Numb			<del></del>	plied For t Applicable	
Zip	Country Zip Cour		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered	Agent		
DIAZ, ELENA 13382 SW 43 LANE				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33175										
,										
·			City				FL	Zip Code		
The above named entity submits this statement for the purpose of changing its registered.								<u> </u>		
	named entity submits this statement to ions of registered agent.	or the purpose of changing its re	egistered office or	r registei	red agent, or bo	oth, in the State of F	florida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signati	ure required	when reinstating)		DATE		1.1	
						<u> </u>				
	E NOWIII FEE IS \$150.00	9. Election Campaign		\$5	.00 May Be					
After M	ay 1, 2008 Fee will be \$550.	Trust Fund Contrib	oution. $\square$	Add	ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS ANI	D DIRECTORS	S IN 11	
TITLE	Р	☐ Delete	TITLE				<u></u>	☐ Change	Addition	
NAME	DIAZ, ELENA		NAME							
STREET ADDRESS	13382 SW 43RD LANE		STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33175	<del></del>	CITY-ST-ZIP	ļ						
TITLE		☐ Delete	TIFLE					Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE	-	☐ Delete	TITLE	_				☐ Change	☐ Addition	
NAME		C Doloic	NAME	İ						
STREET ADDRESS			STREET ADORESS							
CITY-ST-ZIP			CITY-ST-ZIP							
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CFTY-ST-ZIP			CITY-SI-ZIP							
TITLE		☐ Delete	TITLE					Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	1						
		O Datas	·	-				Channe	Addition	
TITLE NAME	<b>\</b>	☐ Delete	title Name	1				Change _	Addition	
STREET ADDRESS			STREET ADDRESS							
			CITY-ST-ZIP	1						
			_							

12. I hereby certify that the information supplied with his 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 countries and accurate and that my signature shall have the same legal effect as it made under cath; 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

4-10-08

5)066-7478