

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000033671

1. Entity Name
C.N.D. IMPORTS, INC.



Principal Place of Business
**5959 ST AUGUSTINE RD #C
JACKSONVILLE, FL 32217**

Mailing Address
**8749 OSPREY LN
JACKSONVILLE, FL 32317**

DO NOT WRITE IN THIS SPACE



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3572911

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, CARLOS N
8749 OSPREY LANE
JACKSONVILLE, FL 32217**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIAZ, CARLOS N
STREET ADDRESS	8749 OSPREY LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	V
NAME	DIAZ, GISELLA E
STREET ADDRESS	8749 OSPREY LN.
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	T
NAME	DIAZ, MARIA E
STREET ADDRESS	8749 OSPREY LN.
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	S
NAME	DIAZ, JUAN C
STREET ADDRESS	8749 OSPREY LN.
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000521824
05/03/06-80005-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-06

904.233-5540

Date

Daytime Phone #