

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 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**



03042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	

U000000862457  
03/21/07-80014-006 150.00

**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

Date

Daytime Phone #

*Carlos Diaz*  
**CARLOS DIAZ DIRECTOR**

**03-10-07**