## 2008 FOR PROFIT CORPORATION

## Apr 14, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P99000047517 DIAZ ACCOUNTING SERVICE, INC. Principal Place of Business Mailing Address 14360 S.W. 168 ST. MIAMI, FL 33177 14360 S.W. 168 ST. MIAMI, FL 33177 04072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0923671 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, CARLOS R DO NOT WRITE 14360 S.W. 168 ST. MIAMI, FL 33177 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. The Park of the Contract of th 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U000000895494 Trust Fund Contribution. Added to Fees 04/24/08-80053-014 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME DIAZ, CARLOS R STREET ADDRESS 14360 S.W. 168 ST. CITY-ST-ZIP MIAMI, FL 33177 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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.

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NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

301-332014B

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Daytime Phone #