


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S20475</b> 1. Entity Name FERNANDEZ & DIAZ, P.A.	
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Principal Place of Business 109 S. MOODY AVENUE TAMPA, FL 33609	Mailing Address 109 S. MOODY AVENUE TAMPA, FL 33609
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**DO NOT WRITE IN THIS SPACE**



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3045192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, RALPH E  
109 S MOODY AVE  
TAMPA, FL 33609

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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST FERNANDEZ, R.E. 109 S. MOODY AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST DIAZ, DARIO D. 109 S. MOODY AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/16/05-80013-017 150.00

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IN THIS SPACE**

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. 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 persons empowered.

**SIGNATURE:**  **Attorney/Partner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DARIO D. DIAZ**