## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Feb 20, 2006 8:00 am Secretary of State

DOCUMENT # V56694  1. Entity Name					02-20-2006 90057 025 ***150.00	
DIAZ FAMILY AUTOMOTIVE CORP					40015654	
DO NOT WRITE IN THIS SPACE						
2. Principal Place of	3. Mailing Address	Mailing Address				
2990 PALM AVENUE Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For	
HIALEAH, FL		City & State			65-0351083	Not Applicable
Zip 33012	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent Name				
DO NOT WRITE IN THIS SPACE			DIAZ, JESUS Street Address (P.O. Box Number is Not Acceptable) 5398 W 20 LN			
						IN THIS SPACE
			City HIALE		FL	Zip Code 33016
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 JESUS DIAZ, PRESIDENT 2/7/2006  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
January 1 After M Amen Make Check Payabl	0 trnent of State		•	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE	OFFICERS IP	AND DIRECTORS	11.			
NAME	DIAZ, JESUS		NAME			
STREET ADDRESS CITY-ST-ZIP	5398 W 20 LN HIALEAH, FL 33016		STREET ADDRESS CITY-ST-ZIP		5	
TITLE	VP		TITLE			
NAME STREET ADDRESS	DIAZ, ENEIDA 5398 W 20 LN		NAME STREET ADDRES		3	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP			
TITLE	المنايات والوالية والمناسخ والمناسخ		TITLE - NAME			
STREET ADDRESS			STREET ADDRESS		DO NOT W	RITE
CITY-ST-ZIP TITLE			CITY-ST-Z	ĮΡ	te da de de la Contrada de	et et ale te
NAME			NAME		IN THIS SP	AUE
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRES CITY-ST-ZIP		S	
TITLE			TITLE			
NAME STREET ADDRESS			NAME STREET ADDRESS		S	
CITY-ST-ZIP	j		CITY-ST-ZIP			
TITLE .			TITLE			
STREET ADDRESS	STREET ADDRESS		STREET ADDRES		\$	
12. I hereby certify that	the information suppli	ed with this filing does not	CITY-ST-Z qualify for the exe		stated in Section 119.07(3)(i), Florida Sta	atutes. I further
certify that the inform	mation indicated on th	is report or supplemental r	eport is true and a	accurate	and that my signature shall have the sai	me legal effect
as it made under oa	itn; that I am an office	r or director of the corpora	tion of the feceive	er or trust	tee empowered to execute this report as	requirea by

Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

2/7/2006

(305) 887-4746

JESUS DIAZ, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #