FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÜBR)

FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90081 008 ***150.00

1. Entity Name						
DIAZ SAMILY AUTOM	OTIVE CORP					
DIAZ FAMILY AUTOMOTIVE CORP					./	
DO N	OT WRITE I	NTHISS	PA	CE	40046619	
2. Principal Place of Business		3. Mailing Address			4.0040010	
2990 PALM AVENUE Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State HIALEAH, FL		City & State			4. FEI Number 65-0351083	Applied For Not Applicable
Zip 33012	. Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
9					ne and Address of Current Regis	
î.	O NOT WO			Name DIAZ, JESUS		
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable) 5398 W 20 LN			
				City HIALEAH	FL	Zip Code 33016
The above named State of Florida. I a	entity submits this state	ment for the purpose	e of ch	nanging its regis	stered office or registered agent, o	both, in the
SIGNATURE JESUS DIAZ 3/18/2007						
January 1	May 1 Fee is \$150.00	istered agent and title if ap	oplicable	e. (NOTE: Regist	tered Agent signature required when reinstati	ng) DATE
Amend	ry 1, Fee is \$550.00 led UBR is \$61.25 le to Florida Departmen	LA Sele			Selection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.			
TITLE NAME	P DIAZ, JESUS		100000000000000000000000000000000000000	TLE AME		
•	5398 W 20 LN HIALEAH, FL 33016		11111111111111	REET ADDRES: TY-ST-ZIP	3	
TITLE NAME	V DIAZ, ENEIDA			TLE NME		
STREET ADDRESS	5398 W 20 LN		SI	REET ADDRESS	3	
CITY-ST-ZIP TITLE	HIALEAH, FL 33016			TY-ST-ZIP TLE		
NAME STREET ADDRESS			100000000000000000000000000000000000000	AME FREET ADDRES!	S DO MOTA	<i>I</i> DITE
CITY-ST-ZIP		.	CI	TY-ST-ZIP		
TITLE NAME			1.00	TLE AME	IN THIS S	PACE
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TITLE			TI	TLE		
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CITY-ST-ZIP				TY-ST-ZIP		
TITLE NAME			100000000000000000000000000000000000000	TLE AME		
STREET ADDRESS CITY-ST-ZIP			10.00	TREET ADDRES TY-ST-ZIP	S	
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 on an attachment with an address, with all other like empowered.						
SIGNATURE: (TURE AND TYPED OR P	S JESUS DIAZ, I				305) 887-4746 Paytime Phone #