

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 666819 1. Entity Name AMERICAN INSTITUTE OF DIAMOND CUTTING, INC.	
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Principal Place of Business P.O. BOX 4067 DEERFIELD BEACH, FL 33442-4067	Mailing Address P.O. BOX 4067 DEERFIELD BEACH, FL 33442-4067
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2012745	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETERS, NIZIM 4362 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETERS, NIZAM 4362 N. FEDERAL HWY FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERS, HASCINA 4362 N. FEDERAL HWY FT. LAUDERDALE, FL
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03/08/04-800441-011 158.75

**DO NOT WRITE
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)(f), 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: <u>Nizim Peters - PRESIDENT</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>FEB 11 2004</u> Date	Daytime Phone: <u>(954) 574-0855</u> Daytime Phone #
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