

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 666819

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN INSTITUTE OF DIAMOND CUTTING, INC.

**Current Principal Place of Business:**

1287 EAST NEWPORT CENTER DRIVE  
#202  
DEERFIELD BEACH, FL 334424067

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4067  
DEERFIELD BEACH, FL 334424067

**New Mailing Address:**

**FEI Number:** 59-2012745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PETERS, NIZIM  
1287 EAST NEWPORT CENTER DRIVE  
#202  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PETERS, NIZAM  
Address: 1287 EAST NEWPORT CENTER DRIVE #202  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D  
Name: PETERS, HASCINA  
Address: 4362 N. FEDERAL HWY  
City-St-Zip: FT. LAUDERDALE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NIZIM PETERS

PD

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date