



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90225 039 \*\*\*\*61.25

|   |                        |   |  |   |  |
|---|------------------------|---|--|---|--|
| <b>DOCUMENT # N97000001674</b>  |                        |   |  |  |  |
| 1. Entity Name<br>BLUE DIAMOND AND GREEN DIAMOND MASTER ASSOCIATION, INC.   |                        |   |  |   |  |
| Principal Place of Business<br>4777 COLLINS AVE<br>MIAMI BEACH, FL 33140  |                        |   | Mailing Address<br>4777 COLLINS AVE<br>MIAMI BEACH, FL 33140 |   |  |
| 2. Principal Place of Business  |                        |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |                        |   | Suite, Apt. #, etc.  |   |  |
| City & State  |                        |   | City & State   |   |  |
| Zip   |                        | Country   | Zip  |   | Country  |
| 6. Name and Address of Current Registered Agent   |                        |   |  | 7. Name and Address of New Registered Agent                                       |  |
| ROGEL, DAVID H<br>121 ALHAMBRA PLAZA<br>10TH FL<br>CORAL GABLES, FL 33131   |                        |   |  | Name  |  |
|   |                        |   |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|   |                        |   |  | City  |  |
|   |                        |   |  | FL  | Zip Code   |
| 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 reissuing) _____ DATE _____   |                        |   |  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006   |                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees  | Make check payable to<br>Florida Department of State                         |
| 10. OFFICERS AND DIRECTORS  |                        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10        |   |  |
| TITLE   | D                      | <input checked="" type="checkbox"/> Delete  | TITLE  | Vice President  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | PROCEL, DIEGO          |   | NAME   | Rolando A. Holz   |  |
| STREET ADDRESS  | 4777 COLLINS AVE       |   | STREET ADDRESS   | 4779 Collins Ave #2504  |  |
| CITY-ST-ZIP   | MIAMI BEACH, FL 33140  |   | CITY-ST-ZIP  | Miami Beach, FL 33140   |  |
| TITLE   | P                      | <input type="checkbox"/> Delete   | TITLE  | Treasurer, Secretary  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | CASANOVA, ALICIA A     |   | NAME   | Richard Aguilar   |  |
| STREET ADDRESS  | 4775 COLLINS AVE #1702 |   | STREET ADDRESS   | 4779 Collins Ave.   |  |
| CITY-ST-ZIP   | MIAMI BEACH, FL 33140  |   | CITY-ST-ZIP  | Miami Beach, FL 33140   |  |
| TITLE   | VTS                    | <input checked="" type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | RODRIGUEZ, JOSE        |   | NAME   |   |  |
| STREET ADDRESS  | 4779 COLLINS AVE #2008 |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | MIAMI BEACH, FL 33140  |   | CITY-ST-ZIP  |   |  |
| TITLE   |                        | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                        |   | NAME   |   |  |
| STREET ADDRESS  |                        |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                        |   | CITY-ST-ZIP  |   |  |
| TITLE   |                        | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                        |   | NAME   |   |  |
| STREET ADDRESS  |                        |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                        |   | CITY-ST-ZIP  |   |  |
| TITLE   |                        | <input type="checkbox"/> Delete   | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                        |   | NAME   |   |  |
| STREET ADDRESS  |                        |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                        |   | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:   |                        | 2/28/06   |  | 305.552-0202  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                        | Date  |  | Daytime Phone #   |  |

50003086



02282006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0337692 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL

Zip Code

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State


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| CITY-ST-ZIP    | MIAMI BEACH, FL 33140  |  |
| TITLE          | P                      | <input type="checkbox"/> Delete            |
| NAME           | CASANOVA, ALICIA A     |  |
| STREET ADDRESS | 4775 COLLINS AVE #1702 |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33140  |  |
| TITLE          | VTS                    | <input checked="" type="checkbox"/> Delete |
| NAME           | RODRIGUEZ, JOSE        |  |
| STREET ADDRESS | 4779 COLLINS AVE #2008 |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33140  |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
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| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | Vice President         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rolando A. Holz        |  |
| STREET ADDRESS | 4779 Collins Ave #2504 |  |
| CITY-ST-ZIP    | Miami Beach, FL 33140  |  |
| TITLE          | Treasurer, Secretary   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Richard Aguilar        |  |
| STREET ADDRESS | 4779 Collins Ave.      |  |
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| STREET ADDRESS |                        |  |
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| NAME           |                        |  |
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| CITY-ST-ZIP    |                        |  |

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