


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000115462
 1. Entity Name
 ABC DIAMOND, INC.



Principal Place of Business Mailing Address
 C/O ABC CUTTING CONTRACTORS, INC.
 4864 CLARK HOWELL HIGHWAY
 COLLEGE PARK, GA 30349 C/O ABC CUTTING CONTRACTORS, INC.
 4864 CLARK HOWELL HIGHWAY
 COLLEGE PARK, GA 30349



03142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 38-3664003 Not Applicable

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

6. Name and Address of Current Registered Agent
 LAVIN, ANDREW T ESQ
 C/O NAVON KOPELMAN & LAVIN PA
 2699 STIRLING ROAD SUITE B-100
 FORT LAUDERDALE, FL 33312

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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: Andrew Lavin DATE: 3/30/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | PD |
| NAME | MCCOY, LARRY W |
| STREET ADDRESS | 101 EBBTIDE LN |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 |
| TITLE | D |
| NAME | STORM, DENNIS |
| STREET ADDRESS | 2781 CLIFFVIEW DR. |
| CITY-ST-ZIP | LILBURN, GA 30047 |
| TITLE | D |
| NAME | O'SHEA, JOHN |
| STREET ADDRESS | 850 N. MIAMI AVE. |
| CITY-ST-ZIP | MIAMI, FL 33136 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 04/12/04-80086-001 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 3/24/04 Daytime Phone: 954 523 4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone