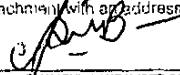


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90440 021 ***150.00

DOCUMENT # P97000080196					
1. Entity Name B.I.J. DIAMONDS, INC.					
Principal Place of Business 18861 BISCAYNE BLVD BOOTH 5A N MIAMI BCH, FL 33180			Mailing Address C/O PEREZ, BEHAR & ASSOC. INC 13935 NW 1ST AVENUE MIAMI, FL 33168		
2. Principal Place of Business		3. Mailing Address A.C. BERGMAN CPA		04262005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7451 W. OAKLAND PARK BLVD		4. FEI Number 65-0779841	
City & State LAUDERHILL FL		City & State LAUDERHILL FL		Applied For ☐ Not Applicable	
Zip 33315	Country	Zip 33315	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, BEHAR & ASSOCIATES, INC. 13935 NW 1ST AVENUE MIAMI, FL 33168			7. Name and Address of New Registered Agent A.C. BERGMAN CPA 7451 W. OAKLAND PARK BLVD LAUDERHILL FL 33315		
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 replacing) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D. NEKTALOV, BORIS 2500 PARKVIEW DR, SUITE 1517 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIP NEKTALOV BORIS 9455 COLLINGS AVE # 1104 SURFSIDE FL 33154	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JUCHANAN NEKTALOV 2500 PARKVIEW DR # 2206 HALLANDALE FL 33309	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(c), 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: 			04/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					