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	Mailing Address
18861 BISCAYNE BLVD BOOTH 6A N MIAMI BCH, FL 33180	C/O PEREZ, BEHAR & ASSOC. INC 13935 NW 1ST AVENUE MIAMI, FL 33168

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	A C Bergman CPA
Suite, Apt. #, etc.	Suite, Apt. #, etc. 7451 W-Oakland Park Blvd
City & State	City & State Lauderhill FL
Zip / Country	Zip 33319 / Country

4. FEI Number 65-0779841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, BEHAR & ASSOCIATES, INC. 13935 NW 1ST AVENUE MIAMI, FL 33168	Name A.C. Bergman CPA Street Address (P.O. Box Number is Not Acceptable) 7451 W. Oakland Park Blvd City Lauderhill FL Zip Code 33319

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 10	
TITLE	D. ☐ Delete	TITLE	D/P ☒ Change ☐ Addition
NAME	NEKTALOV, BORIS	NAME	Nektalov Boris
STREET ADDRESS	2500 PARKVIEW DR, SUITE 1517	STREET ADDRESS	9455 Collins Ave # 1104
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	Surfside FL 33154
TITLE	☐ Delete	TITLE	D VP ☐ Change ☒ Addition
NAME		NAME	Juchanan Nektalov
STREET ADDRESS		STREET ADDRESS	2500 Parkview Dr # 2206
CITY-ST-ZIP		CITY-ST-ZIP	Hallandale FL 33009
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: ______________________ 04/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #