


FILED
Jan 17, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | |
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| DOCUMENT # P97000080196 1. Entity Name B.I.J. DIAMONDS, INC. |  |
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|--|--|
| Principal Place of Business 18861 BISCAYNE BLVD BOOTH 6A N MIAMI BCH, FL 33180 | Mailing Address AC BERGMAN COA 7451 W OAKLAND PARK BLVD LAUDERHILL, FL 33319 |
|--|--|



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 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

**AC BERGMAN CPA
 7451 W OAKLAND PARK BLVD
 FORT LAUDERDALE, FL 33319**

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 IN THIS SPACE

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 reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$350.00**

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------|
| TITLE | DP |
| NAME | NEKTALOV, BORIS |
| STREET ADDRESS | 9455 COLLING AVE #1104 |
| CITY-ST- ZIP | SURFSIDE, FL 33154 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |

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01/19/06-80036-001 150.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____