

FILED
May 02, 2006 8:00 am
Secretary of State

X1

05-02-2006 90190 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059562
1. Entity Name
 DIAMONDS BEAUTY SUPPLY INC.

DO NOT WRITE IN THIS SPACE

40079322

2. Principal Place of Business
 11273 SW 152nd. ST.
 Suite, Apt. #, etc.
 MIAMI FL.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

Zip: 33157 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 0850133 **Applied For** **Not Applicable**

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

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7. Name and Address of Current Registered Agent

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ABDALLAH SULEIMAN 5721 S/W 199th. Ave FT. LAUDERDALE FL. 33332
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/24/06** **(305) 549 6647**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #