2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # 447610 1. Entity Name DIAMOND KOSHER CATERERS, INC.				05-01-2006 90479 016 ***150.00				
Principal Place	e of Business	Mailing Address				FOOAN	40.00	
9833 PINES BLVD PEMBROKE PINES, FL 33024 US		9833 PINES BLVD PEMBROKE PINES, FL 33024 US		50017735				
	·							
2. Principal Place of Business		3. Mailing Address					ili biail dedi	(111) (111)
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		03142006	Chg-P	CR2E034	(11/05)	
City & State		City & State		4. FEI Number 59-1574				plied For I Applicable
Zip	Country	Zip	Country	5. Certificate o	1 Status Desired		.75 Add Required	
	6. Name and Address of Current	- Neme	7. Name and A	ddress of New	Registered Age	nt		
RUTNER, 1629 BLUE WESTON,	E JAY CIR		Street Address (P.O. Box Number is Not Acceptable)					
VILOTON,	1 L 33321							
			City			FL	Zip Cod	3
the obligati	named entity submits this statement for ions of registered agent Signalure, tyced or orniad name of registered agent		gistered office or registe		, in the State of f	Torida. I am fam	iliar with,	and accept
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.	9. Efection Campaign OO Trust Fund Contrib		5.00 May Be Ided to Fees				
10,	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OF	FICERS AND DI	RECTORS	S IN 11
TITLE	PD FD:	Delete	TITLE] Change	Addition
NAME STREET ADDRESS	RUTNER, ERIC 1629 BLUE JAY CIR		NAME STREET ADDRESS					•
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP					
TOLE	D LACK	☐ Delele	TITLE) Change	Addition
NAME STREET ADDRESS	RUTNÉR, JACK 12950 SW 4TH CT H-412		NAME STREET ADDRESS					
CITY ST ZIP	PEMBROKE, FL 33027		CITY-ST ZIP					
TITLE	D	☐ Delete	TITLE] Change	Addilion
NAME STREET ADDRESS	RUTNER, BETTY 1629 BLUE JAY CIR		NAME STREET ADDRESS					
CITY-ST-ZiP	WESTON, FL 33327		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
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TITLE		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CHY-ST-ZIP	<u></u>	·	STREET ADDRESS CITY-ST-ZIP					·

12. Thereby cartily 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 that comportation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of changed, or on an attachment with an address, with all other like empowered.

954 ~ 438

SIGNATURE:

**Comparison of the conformation 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 officer or clinicists. I further certify that the information indicated on this report or supplemental report is true and occurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or this contained in the same legal effect as if made under oath, that I am an officer or clinicists of the composition of the certify that the information indicated on this report is true and occurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or clinicists.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06