

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 827584

1. Entity Name
DIAMOND BROS. LIMITED



Principal Place of Business
**170 THE DONWAY WEST
SUITE 212
DON MILLS, ONTARIO, M3C 2G3,**

Mailing Address
**170 THE DONWAY WEST
SUITE 212
DON MILLS, ONTARIO, M3C 2G3,**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0017620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MONCHICK, MICHAEL J.
1501 OLD OKEECHOBEE ROAD
W. PALM BEACH, FL 33402-9734**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE	PD
NAME	DIAMOND, MORRIS
STREET ADDRESS	170 THE DONWAY W, STE 212
CITY-ST-ZIP	DON MILLS ONTARIO CA, m3c 2g3

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80016-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

JAN 15/05 416 391-1399
Date Daytime Phone #