

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90536 030 ***150.00

DOCUMENT # F00000000353 1. Entity Name DIAMOND INTERNATIONAL REAL ESTATE INVESTMENT INC.																															
Principal Place of Business 2400 E. LAS OLAS BLVD. #261 FT. LAUDERDALE, FL 33301		Mailing Address 2400 E. LAS OLAS BLVD. #261 FT. LAUDERDALE, FL 33301																													
2. Principal Place of Business 220 E. COMMERCIAL BLVD. #203 Suite, Apt. #, etc. #203 City & State LAUDERDALE BY THE SEA, FL		3. Mailing Address 220 E. COMMERCIAL BLVD. #203 Suite, Apt. #, etc. #203 City & State LAUDERDALE BY THE SEA, FL																													
Zip 33308		Country 																													
4. FEI Number 65-0878333		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 TILSON OSL/ NICOLE M. J. 2400 E. LAS OLAS BLVD. #261 FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name NICOLE M. J. TILSON, OSL Street Address (P.O. Box Number is Not Acceptable) 220 E. COMMERCIAL BLVD. #203 City LAUDERDALE BY THE SEA, FL																													
Zip Code 33308																															
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)																															
Signature, typed or printed name of registered agent and title if applicable.																															
DATE _____																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PVST TILSON, OSL, / NICOLE M.J. 224 S.E. 17TH AVENUE FT. LAUDERDALE, FL 33301 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TILSON, OSL, / NICOLE M.J. 224 S.E. 17TH AVENUE FT. LAUDERDALE, FL 33301		<input type="checkbox"/> Delete											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NICOLE M. J. TILSON, OSL </td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NICOLE M. J. TILSON, OSL												
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE:		Date: 4-23-04																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																													