



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90536 031 ***150.00

DOCUMENT # F00000000354					
1. Entity Name DIAMOND FUNDING SPECIAL PURPOSE CORPORATION 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. Suite, Apt. #, etc. #203 City & State LAUDERDALE BY THE SEA, FL Zip 33308 Country USA		3. Mailing Address 220 E. COMMERCIAL BLVD. Suite, Apt. #, etc. #203 City & State LAUDERDALE BY THE SEA, FL Zip 33308 Country USA			
04232004 Chg-P CR2E034 (10/03)				4. FEI Number 65-0878338	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TILSON, NICOLE M OSL 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) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TILSON, OSL-NICOLE M.J., 224 S.E. 17 AVE. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICOLE M.J. TILSON, OSL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		