


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000005048</b> 1. Entity Name KAY DIAMOND LTD., INC.	
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Principal Place of Business 70813 NW 30TH ST. SUITE #107 MIAMI, FL 33172	Mailing Address 10 EAST MERRICK RD. SUITE #210 VALLEY STREAM, NY 11580
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07212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3103616	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LATCHMANSINGH, KC KAY DIAMOND LTD.- 10813 NW 30TH STREET, STE 107 MIAMI, FL 33172
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-stating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAZAN-CASSINI, RICHARD 6431 HANCOCK ROAD FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SANTORI, FRANCESCO 10 E MERRICK ROAD VALLEY STREAM, NY 11580
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AMERI, MAURIZIO ONE PENN PLAZA NEW YORK, NY 10119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>11000001375172 08/01/05-80008-014 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(b), 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: FRANCESCO SANTORI 7/26/05 516-872-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #