

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000002089 1. Entity Name DIAMOND ENTERPRISES USA, INC.						FILED 05 AUG -1 AM 9:57 TALLAHASSEE, FLORIDA	
Principal Place of Business 150 A MAIN ST. FARMINGDALE, NY 11735 56 RABBIT LANE PLAINVIEW, NY 11803				Mailing Address 150 A MAIN ST. FARMINGDALE, NY 11735 14955 GULF BLVD. SU. 4 MADEIRA BEACH, FL 33708			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				4. FEI Number 13-412-0422			
Zip				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PERLMAN, JOSEPH N 1101 BELCHER ROAD S LARGO, FL 33771				7. Name and Address of New Registered Agent Name KEITH SCHWABANGER Street Address (P.O. Box Number is Not Acceptable) 14955 GULF BLVD SU. 4 City MADEIRA BEACH FL 33708			
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 <u><i>Keith Schwabanger Pres.</i></u> DATE <u>7/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400057615034 07/18/05--01070--002 **308.75			
NAME	SCHWABANGER, KEITH		NAME				
STREET ADDRESS	150 A MAIN ST.		STREET ADDRESS				
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP				
TITLE	VPVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	YANKUS, ED		NAME				
STREET ADDRESS	150 A MAIN ST.		STREET ADDRESS				
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHWABANGER, SUSAN		NAME				
STREET ADDRESS	150 A MAIN ST.		STREET ADDRESS				
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHWABANGER, RICK		NAME				
STREET ADDRESS	150 A MAIN ST.		STREET ADDRESS				
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <u><i>Keith Schwabanger Pres. 7/13/05 877-478-1430</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							