FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90025 031 ***150.00

2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000006158

1. Entity Name
DIAMOND FUNDING CORPORATION

DO NOT WRITE IN THIS SPACE

[redacted]

24019970

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
872 PARK AVENUE		872 PARK AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
CRANSTON, RHODE ISLAND		CRANSTON, RHODE ISLAND	
Zip	Country	Zip	Country
02910	USA	02910	USA

4. FEI Number 05-0429541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name STEVEN A. SCIARRETTA, P.A.
Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES ROAD, SUITE 203E
City BOCA RATON FL Zip Code 33431

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PST NAME AVA MARTINELLI STREET ADDRESS 38 APPLEGATE ROAD CITY-ST-ZIP CRANSTON, RHODE ISLAND 02910	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: AVA MARTINELLI 2-23-04 401-941-3770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3W1140 1.000