2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN Secretary of State

ANNUAL REPURI				_ reb u9, zuud ua:uu A			
DOCU	IMENT # G50804		_	Secr	etary of State		
1. Entity Nar						•	
DIAMON	ID KING ENTERPRISES, INC	•					
,	ce of Business	Mailing Address			-	•	
1471 SW 28	BTH TERR BEACH, FL 33442	1471 SW 28TH TERR Deerfield Beach, FL 33442					
DELIGIEED	DEAGII, LE JUNTE	DEEN ILLU DENVI, 11 33442					
 							
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			01202006	No Chg-P	CR2E034 (11/05)		
	OO NOT WRITE	CE	4. FEI Number		Applied For		
				59-22894	146	Not Applicable	
				5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		{ 		ree Requied	
WHOLED DODOTHY							
KLIGLER, DOROTHY 7563 IMPERIAL DR 402D				DO N	NOT WE	RITE	
BOCA RATON, FL 33432				IN T	HIS SPA	\CF	
}				*** * *		·OE	
			 _			- 	
8. The above the obliga	e named entity submits this statement for ti tions of registered agent.	he purpose of changing its registere	ed office or register	ed agent, or böth,	in the State of Florid	a. I am familiar with, and accept	
SIGNATURE.							
SIGIUM TORE.	Signature, typed or printed name of registered agent and	fille if applicable. (NOTE: Registered	i Agent signature required	whon reinstating)		DATE	
	E NOW EET 10 64-0-00	9. Election Campaign Finan	cina -: \$5	.00 May Be			
After M	.E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00			ed to Fees			
10.	OFFICERS AND D	RECTORS					
TITLE	PD		11.1	: -:		• .	
NAME STREET ADDRESS	KLIGER, MICHELLE 7563 IMPERIAL DR., 402D						
CITY-ST-ZIP	BOCA RATON, FL						
TITLE	ATD			_			
NAME CONCER ADDRESS	KLIGER, DOROTHY				HOMOÚNA:	25617 0009-004 150.00 (
STREET ADDRESS City-St-Zip	7563 IMPERIAL DR., 402D BOCA RATON, FL				927287Cb=6	nnna_nn4 Tan•nn (
TITLE	VP						
NAME	KLIGLER, GREGG						
STREET ADDRESS CITY-ST-ZIP	1471 S.W. 28TH TERRANCE DEERFIELD BEACH, FL 33442			DO N	NOT WE	RITE	
TITLE				—· —-	HIS SPA		
NAME				11V 1	HIS SEF	4CE	
STREET ADDRESS CITY-ST-ZIP							
TITLE	<u> </u>						
NAME							
STREET ADDRESS							
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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.

NAME STREET ADORESS CITY-ST-ZIP

SIGNATURE: X SIGNATURE: X SIGNATURE Y SIGNATURE OF SIGNING OFFICER OF DIRECTOR X DAILY DAILY PROTECTION TO DAILY DAILY PROTECT OF DIRECTOR OF DIRECTOR