2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)								FILED					
DOCUMENT # K19789 1. Entity Name KOZI DIAMOND, INCORPORATED							03 DEC -2 AHII: 06						
TOZI DIFINIOLE, INCOLLI OLIVILLO								S	ECRETAR' LLAHASSE	OF STA	TE		
Principal Plac 1 N.E. 1ST ST SUITE B-2 MIAMI FL 331		Mailing Address 1 N.E. 1ST STREET SUITE B-2 MIAMI FL 33132									IDA		
2. Principal P	Place of Business	3. Mailing	3. Mailing Address				1	10019(II 001			{B{ B B B B B	Dit bien (Bai	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				RE	INST	CHECK HEA	WEW	CHANGES	3		
City & Stat	e	City & State					142	Number	55-011049		Ар	plied For Applicable	
Zip	Country	Zip	Zip .		Country		5. Cer	rtificate of St	atus Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent							7. Nar	me and Add	ress of New	Registered	Agent		
BRITO & BRITO ACCOUNTING, INC.					Name-								
407 LINCOLN ROAD					Street-A	d dress (I	P.O-Box	:Number is l	Not Acceptab	ie)			
SUITE 5-B													
MIAMI BEACH FL 33139					City FL Zip Code								
	named entity submits this statement for tions of registered agent.	or the purpose	of changing its	register	ed office or	register	ed agent	t, or both, in	the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed of printeg hame of registered agent	and title if applicab	ole. (NOTE	: Registere	d Agent signati		Vr S		2170	DATE	1250	3_	
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department of	I				- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		9. Election	n Campaign F und Contributi			May Be to Fees	
10.	OFFICERS AND	DIRECTORS		11,			ADDI	TIONS/CHA			DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS (AZIEVA, JASID 044 N.E. 27TH AVENUE 1ALLANDALE FL 33009				KAZIEVA JASID PREJOC. XICHA IN.E. IST. STREET #B2 MIAMI, FL. 33132					2	□ Addition ESのごべて		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAZIEV, ALBERT 1980 S OCEAN DRIVE 4K HALLANDALE FL 33009		Delete			KA:	21 EV	YAK ST. ST		LB2	Change V. D		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete]				_	☐ Change	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 sub-lemental 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 received 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:

iture jasodirkadie va

Date

Daytime Phone #