

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90107 025 ***150.00

DOCUMENT # K65267 1. Entity Name KING OF DIAMONDS, LTD. INC.					
Principal Place of Business 7480 W. COMMERCIAL BLVD. LAUDERHILL, FL 33319 US			Mailing Address 7480 W. COMMERCIAL BLVD. LAUDERHILL, FL 33319 US		
2. Principal Place of Business - No P.O. Box # NONE		3. Mailing Address 12040 S JOG RD Suite, Apt. #, etc. # 10			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Boynton Beach FL		4. FEI Number 65-0101721	
Zip		Zip 33437		Country USA	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FRANK, STEVEN B 15502 FIORENZA CIR. DELRAY BEACH, FL 33446			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, STEVEN B 15502 FIORENZA CIR. DELRAY BEACH, FL 33446	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYMAN, SEYMOUR P 8814 BELLIDIDO BOYNTON BEACH, FL 33437	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYMAN, JESSICA E 8814 BELLIDIDO BOYNTON BEACH, FL 33437	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, MARY 15502 FIORENZA CIR. DELRAY BEACH, FL 33446	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Frank* **MARY FRANK** **4/18/08** **561-736-2226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #