


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90431 041 \*\*\*\*61.25

<b>DOCUMENT # N04000004932</b>					
<b>1. Entity Name</b> FOUR DIAMONDS EMBROIDERY, INCORPORATED					
<b>Principal Place of Business</b> 99 NW 85TH STREET MIAMI, FL 33150			<b>Mailing Address</b> 99 NW 85TH STREET MIAMI, FL 33150		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 42141015	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> TROBRIDGE, JOYCE 99 NW 85TH STREET MIAMI, FL 33150			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DP</b> <input type="checkbox"/> Delete TROBRIDGE, JOYCE 99 NW 85TH STREET MIAMI, FL 33150				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DV</b> <input type="checkbox"/> Delete MORGAN, COLTON 99 NW 85TH STREET MIAMI, FL 33150				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DT</b> <input type="checkbox"/> Delete BAKER, EVELYN 99 NW 85TH STREET MIAMI, FL 33150				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DS</b> <input type="checkbox"/> Delete TAYLOR, PATRICIA 99 NW 85TH STREET MIAMI, FL 33150				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete STANLEY, CAROLYN 99 NW 85TH STREET MIAMI, FL 33150				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.</b>					
<b>SIGNATURE</b> <i>Joyce Trobridge</i> <b>April 29, 2005</b> <b>305 754 1023</b>					