


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004932	
1. Entity Name FOUR DIAMONDS EMBROIDERY, INCORPORATED	

Principal Place of Business 99 NW 85TH STREET MIAMI, FL 33150	Mailing Address 99 NW 85TH STREET MIAMI, FL 33150
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04292006 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2141015	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TROBRIDGE, JOYCE 99 NW 85TH STREET MIAMI, FL 33150

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TROBRIDGE, JOYCE 99 NW 85TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MORGAN, COLTON 99 NW 85TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BAKER, EVELYN 99 NW 85TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TAYLOR, PATRICIA 99 NW 85TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANLEY, CAROLYN 99 NW 85TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000561771
05/19/06-80028-014 \$1.25

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE: Joyce Trobridge Joyce Trobridge 4/29/06 305.7512841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #