2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# N06000007117

Entity Name: D.I.A.M.O.N.D.S. OF DESTINY INC.

Current Principal Place of Business:

8691 NW 22 AVE
MIAMI, FL 33147

New Principal Place of Business:

7425 NORTH OAKMONT DRIVE
MIAMI, FL 33015

Current Mailing Address:

8691 NW 22 AVE
MIAMI, FL 33147

New Mailing Address:

7425 NORTH OAKMONT DRIVE
MIAMI, FL 33015

FEI Number: 72-1617468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JEFFERSON, TONJA K
8691 NW 22 AVE
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

JEFFERSON, TONJA
140 SW 97 TER.
PEMBROKE PINES, FL 33025 US

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.

SIGNATURE: TONJA JEFFERSON 05/16/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JEFFERSON, TONJA K
Address: 140 SW 97 TER
City-St-Zip: PEMBROKE PINES, FL 33025

Title: V ( ) Delete
Name: JOHNSON-RICHARDSON, TAMERA L
Address: 4987 SW 127TH WAY
City-St-Zip: MIRAMAR, FL 33027

Title: S ( ) Delete
Name: JOHNSON, TAMERA Y
Address: 12420 NW 23 AVE
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONJA JEFFERSON P 05/16/2008
Electronic Signature of Signing Officer or Director Date