


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
CLERK OF STATE
DIVISION OF CORPORATION
04 SEP 27 PM 3:31

DOCUMENT # P00000005194	
1. Entity Name GOING DIAMOND, INC.	

Principal Place of Business 1108 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442	Mailing Address 1108 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442
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2. Principal Place of Business 2701 NW Boca Raton Blvd Suite, Apt. #, etc. Suite 211 City & State Boca Raton, FL Zip 33431 Country USA	3. Mailing Address 2701 NW Boca Raton Blvd Suite, Apt. #, etc. Suite 211 City & State Boca Raton, FL Zip 33431 Country USA
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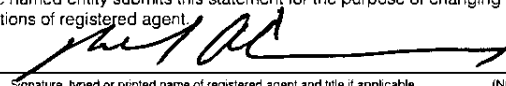
09222004 Chg-P CR2E034 (10/03)

FEI Number 65-1083198	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

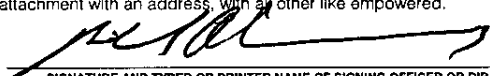
6. Name and Address of Current Registered Agent CARUSO, MICHAEL A 1108 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent Name Caruso, Michael A Street Address (P.O. Box Number is Not Acceptable) 2701 NW Boca Raton Blvd Suite 211 City Boca Raton FL Zip Code 33431

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  PRES. 9/22/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROUSO, MICHAEL A 1108 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Caruso, Michael A 2701 NW Boca Raton Blvd #211 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500041450615 09/29/04--01054--001 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE:  PRES. 9/22/04 561 347 2376 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #