


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90413 032 ***150.00

| | | | | | |
|--|-------------------------|--|---|---|-----------------------------------|
| DOCUMENT # P0000039774 | | | |  | |
| 1. Entity Name DIAMOND INTERNATIONAL USA, INC. | | | | | |
| Principal Place of Business 2609 NW 54TH STREET MIAMI, FL 33142 | | | Mailing Address 2609 NW 54 ST MIAMI, FL 33142 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0996961 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ISMAIL, YUNUS 2609 NW 54 ST MIAMI, FL 33142 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ISMAIL, YUNUS | | NAME | | |
| STREET ADDRESS | 2609 NW 54 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33142 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MOOSA, MOHAMMAD H | | NAME | | |
| STREET ADDRESS | 4021 SW 53RD STREET, #5 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33314 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Yunus Ismail</u> | | YUNUS ISMAIL | | 3-20-06 305-572-0019 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

50012893



03202006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0996961** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISMAIL, YUNUS
2609 NW 54 ST
MIAMI, FL 33142

| | |
|--|-----------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL |
| Zip Code | |

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SIGNATURE: Yunus Ismail YUNUS ISMAIL 3-20-06 305-572-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #