**FILED** ) AM e

DOCUMENT # P00000064669				Mar 17, 2005 08:00	
				Secretary of Stat	
1. Entity Nam DIAMON	D 1506 GROUP, INC				
· ·	ce of Business R GODFREY ROAD 13140 US	Mailing Address 767 ARTHUR GODFREY ROAD MIAMI, FL 33140 US			
C	OO NOT WRITE	IN THIS SPA	CE	03092005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 65-1092696 Not Applied  5. Certificate of Status Desired   \$8.75 Additional Fee Required	or
767 ARTH	6. Name and Address of Current R RG, PAUL B IUR GODFREY ROAD ACH, FL 33140-3413	gistered Agent		DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for tools of registered agent.  Signature, typed or printed name of registered agent and		ed office or register	ered agent, or both, in the State of Florida. 1 am familiar with, and according to the state of Florida. 1 am familiar with, and according to the state of Florida. 1 am familiar with, and according to the state of Florida.	ept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				i.00 May Be ded to Fees	
10.	OFFICERS AND D	RECTORS	j	<u>*</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP GRATEROL, MARIA HERMINIA 401 OCEAN DRIVE APT 406 MIAMI BEACH, FL 33139 PD GRATEROL, EDUARDO 4779 COLINS AVENUE APT 1506			U0000268646 03/17/05-80038-007 150.00	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	MIAMI BEACH, FL 33140	-=		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS		A			

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and thing my signal are 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 affecting the composition of the receiver or trustee empowered to execute this report affecting the composition of the receiver or trustee empowered to execute this report affecting the composition of the receiver or trustee empowered to execute this report affecting the composition of the receiver or trustee empowered to execute this report affecting the composition of the receiver or trustee empowered to execute this report affecting the composition of the receiver or trustee empowered to execute this report affecting the composition of the receiver or trustee empowered to execute this report affecting the composition of the receiver or trustee empowered to execute this report affecting the composition of the receiver or trustee empowered to execute this report affecting the composition of the receiver or trustee empowered to execute the composition of the receiver or trustee empowered to execute the composition of the receiver or trustee empowered to execute the composition of the receiver or trustee empowered to execute the composition of the receiver or trustee empowered to execute the composition of the receiver or trustee empowered to execute the composition of the receiver of the composition of the receiver or trustee empowered to execute the composition of the receiver of the receiver of the composition of the receiver of t

SIGNATURE: EDUARDO GRATEROT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DECTOR

CITY-ST-ZIP

305-5328106 Daylime Phone #