

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

142

DOCUMENT # **P00000104444**

1. Entity Name

**FIVE DIAMONDS GROUP, Inc.**

03 MAY 21 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**18331 Pines Blvd.**

3. Mailing Address

**same**

Suite, Apt. #, etc.

**SUITE 110**

Suite, Apt. #, etc.

**same**

City & State

**Pembroke Pines, FL**

City & State

**same**

Zip

**33025**

Country

**Broward**

Zip

**same**

Country

**same**

4. FEI Number

**651057373**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Ana L. Ferreira**

Street Address (P.O. Box Number is Not Acceptable)

**18331 Pines Blvd. #110**

City

**Pembroke Pines**

FL

Zip Code

**33025**

**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.

SIGNATURE

**(X) Ana Ferreira**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/20/03.**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**January 1 - May 1: Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
Ana L. Ferreira  
18331 Pines Blvd. #110  
Pembroke Pines, FL 33025**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**400020792554  
06/11/03--01093--DID \*\*150.00**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **(X) Ana Ferreira**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/20/03 (786)**

Date

Daytime Phone #

202

**Five Diamonds Group, Inc.  
18331 Pines Blvd. #119  
Pembroke Pines, FL 33025**

May 20, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Attn: Mr. Toiron

Dear Sir:

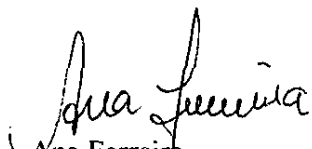
As per our telephone conversation, we are enclosing you a check for the amount of \$150.00 dollars.

Please be advised as mentioned on the phone, we have renewed our corporation every year on the year but this particular year, we did not receive the annual report. We believe that the post office did not forward this annual report correctly to our principal & new mail address. So, therefore we are pleading you to absolve the penalty charges.

Also, we will take care of future reports, and keep track of deadlines.

Please, if you have any questions, do not hesitate to contact us.

Truly Yours,

  
Ana Ferreira  
President