

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90048 024 ***150.00

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CR2E034 (10/04)

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|---|--|--|--|-----------------------------|--|
| DOCUMENT # P00000107435 1. Entity Name GOLDSMITH'S DIAMOND EXCHANGE, INC. | | | | | |
| Principal Place of Business P.O. BOX 272459 TAMPA FL 33688 | | | Mailing Address P.O. BOX 272459 TAMPA FL 33688 | | |
| 2. Principal Place of Business 11715 N. ROME AVE Suite, Apt. #, etc. TAMPA FL 33 | | 3. Mailing Address 11715 N. ROME AVE Suite, Apt. #, etc. TAMPA FL | | | |
| City & State TAMPA FL | | City & State TAMPA FL | | | |
| Zip 33612 | | Country USA | | 4. FEI Number 59-3671617 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GOLDSMITH, ADELE 1005 SAMY DRIVE TAMPA FL 33613 | | | 7. Name and Address of New Registered Agent 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: <i>A Goldsmith</i> (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | D GOLDSMITH, ADELE 1005 SAMY DRIVE TAMPA FL 33613 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 12. 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 of 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: <i>A Goldsmith</i> 2/4/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |