2004 FOR PROFIT CORPORATION ANNUAL REPORT (AT)

SIGNATURE AND TYPED OR PRINTE

## **Secretary of State** DOCUMENT # P01000001875 02-06-2004 90027 047 \*\*\*150.00 SPECTRA DIAMOND PRODUCTS, INC. Principal Place of Business Mailing Address 5596 NW 161ST STREET HIALEAH FL 33014 3140 S OCEAN DR #501 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1065904 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALVA, JOSE ANTONIO 3140 S. OCEAN DRIVE, #501 Street Address (P.O. Box Number is Not Acceptable) HALLANDALE BEACH FL 33009 City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ( After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition NAME ALVA. JOSE NAME 3140 S. OCEAN DRIVE, #501 STREET ADDRESS STREET ADDRESS HALLANDALE BEACH FL 33009 CITY-ST-ZIP CITY-ST-789 THE Delete TiTLE Change ☐ Addition ALVA, GLADYS NAME 5596 NW 161ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33014 CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME GIOVANNI, FARINA NAME STREET ADDRESS MODENA ITALY STREET ADDRESS CITY-ST-719 MODENA-ITALY CITY-ST-ZIP-TITLE Michelle TITLE Change \_ \_ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby 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 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 open like empowered.

OFFICER OR DIRECTOR

FILED

Feb 23, 2004 8:00 am