

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90004 044 \*\*\*150.00

**DOCUMENT # P01000021519**

1. Entity Name  
**DIAMOND PROPERTIES, INC.**



Principal Place of Business

306 LAKE KELL CT  
LUTZ, FL 33549

Mailing Address

306 LAKE KELL CT  
LUTZ, FL 33549

**54055107**



2. Principal Place of Business

**P.O. Box 205**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 205**  
Suite, Apt. #, etc.

05182004 Chg-P CR2E034 (10/03)

City & State  
**LUTZ, FLORIDA**

City & State  
**LUTZ, FLORIDA**

4. FEI Number  
**59-3706263**

Applied For  
Not Applicable

Zip  
**33548**

Country

Zip  
**33548**

Country

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

6. Name and Address of Current Registered Agent

**PATEL, NILESH M ESQ**  
**115 S WILLOW AVE**  
**TAMPA, FL 33606**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SEJPAL, MANHAR R**  
STREET ADDRESS **306 LAKE KELL CT**  
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **VPTS** ☐ Delete  
NAME **SEJPAL, DAKSHA M**  
STREET ADDRESS **306 LAKE KELL CT**  
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **P.O. Box 205**  
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **P.O. Box 205**  
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

**MANHAR SEJPAL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/18/04 (813) 679 3450**  
Date Daytime Phone #