

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90536 029 \*\*\*150.00

<b>DOCUMENT # P01000026453</b> 1. Entity Name <b>REAL ESTATE HOLDINGS, IL BEL DIAMANTE, INC.</b>			
Principal Place of Business <b>2400 E LAS OLAS BLVD, #261 FT LAUDERDALE, FL 33301</b>		Mailing Address <b>2400 E LAS OLAS BLVD, #261 FT LAUDERDALE, FL 33301</b>	
2. Principal Place of Business <b>220 E. COMMERCIAL BLVD</b> Suite, Apt. #, etc. <b>#203</b> City & State <b>LAUDERDALE BY THE SEA, FL</b> Zip <b>33308</b>		3. Mailing Address <b>220 E. COMMERCIAL BLVD</b> Suite, Apt. #, etc. <b>#203</b> City & State <b>LAUDERDALE BY THE SEA, FL</b> Zip <b>33308</b>	
4. FEI Number <b>01-0683394</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TILSON, NICOLE M.J. CCIM 2400 E LAS OLAS BLVD, #261 FT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name <b>NICOLE M.J. TILSON, OSL</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 E. COMMERCIAL BLVD. #203</b> City <b>LAUDERDALE BY THE SEA FL</b> Zip Code <b>33308</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>TILSON, NICOLE M.J. OSL</b> STREET ADDRESS <b>2400 E LAS OLAS BLVD, #261</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>NICOLE M.J. TILSON, OSL</b> STREET ADDRESS <b>224 S.E 17th AVE</b> CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-23-04</b> Daytime Phone # _____	