


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90536 029 ***150.00

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1. Entity Name
REAL ESTATE HOLDINGS, IL BEL DIAMANTE, INC.



Principal Place of Business
**2400 E LAS OLAS BLVD, #261
 FT LAUDERDALE, FL 33301**

Mailing Address
**2400 E LAS OLAS BLVD, #261
 FT LAUDERDALE, FL 33301**

2. Principal Place of Business
220 E. COMMERCIAL BLVD
 Suite, Apt. #, etc.
#203

3. Mailing Address
220 E. COMMERCIAL BLVD
 Suite, Apt. #, etc.
#203

City & State
LAUDERDALE BY THE SEA, FL

City & State
LAUDERDALE BY THE SEA, FL

Zip
33308

Zip
33308



6. Name and Address of Current Registered Agent
**TILSON, NICOLE M.J. CCIM
 2400 E LAS OLAS BLVD, #261
 FT LAUDERDALE, FL 33301**

4. FEI Number
01-0683394

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
NICOLE M. J. TILSON, OSL
 Street Address (P.O. Box Number is Not Acceptable)
220 E. COMMERCIAL BLVD, #203
 City
LAUDERDALE BY THE SEA FL Zip Code
33308

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 _____ DATE _____
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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TILSON, NICOLE M.J. OSL	
STREET ADDRESS	2400 E LAS OLAS BLVD, #261	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLE M. J. TILSON, OSL	
STREET ADDRESS	224 S.E 17th AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicole M. J. Tilson* **4-23-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #