

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90107 008 ***158.75

DOCUMENT # P01000040055

1. Entity Name

DIAMOND OF MANASOTA, INC.



Principal Place of Business

10313 BALTUSROL PL
BRADENTON FL 34202

Mailing Address

10313 BALTUSROL PL
BRADENTON FL 34202

2. Principal Place of Business

10313 BALTUSROL PL

Suite, Apt. #, etc.

BRADENTON, FL.

City & State

3. Mailing Address

10313 BALTUSROL PL

Suite, Apt. #, etc.

BRADENTON, FL.

City & State



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-1096162

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUASVIVAS, MARA C
10313 BALTUSROL PL
BRADENTON FL 34202

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

Mara C. Aguasvivas

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

(NOTE: Registered Agent signature required when reinstating)

4-30-05

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPVS
NAME AGUASVIVAS, MARA C
STREET ADDRESS 10313 BALTUSROL PL
CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete

TITLE T
NAME AGUASVIVAS, MARA C
STREET ADDRESS 10313 BALTUSROL PL
CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete

TITLE DPVS
NAME AGUASVIVAS, MARA C T
STREET ADDRESS 10313 BALTUSROL PL
CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Mara C. Aguasvivas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-05

Date

Daytime Phone #