

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90034 022 \*\*\*150.00

<b>DOCUMENT # P01000072659</b>					
<b>1. Entity Name</b> GOLD & DIAMOND CENTER, INC.					
<b>Principal Place of Business</b> 11401 PINES BLVD., STORE #16 PEMBROKE PINES, FL 33026			<b>Mailing Address</b> 11401 PINES BLVD., STORE #16 PEMBROKE PINES, FL 33026		
Suite. Apt. #, etc.			Suite. Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02182004    Chg-P    CR2E034 (10/03)	
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>	
Suite. Apt. #, etc.				Suite. Apt. #, etc.	
City & State				City & State	
Zip				Country	
<b>4. FEI Number</b> 65-1123071				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SINGH, INDER JIT 11401 PINES BLVD., STORE #16 PEMBROKE PINES, FL 33026			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<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.</b> SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when renouncing)    DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, INDER JIT 11401 PINES BLVD., STORE #16 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
<b>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.</b>					
<b>SIGNATURE</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			03/18/04    954 443499 Date    Daytime Phone #		