

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90103 034 ***150.00

DOCUMENT # P01000074973 ✓
1. Entity Name
Diamond Apparel Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1650 NW 25 Ave #203
Suite, Apt. #, etc.

3. Mailing Address
the same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State

4. FEI Number 65-1125665

Applied For
Not Applicable

Zip
33125

Country
Jabe

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mama Mata

Street Address (P.O. Box Number is Not Acceptable)

243 Atlantic Blvd.

City Key Largo **FL** Zip Code 33037

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.

SIGNATURE Mama Mata

DATE 4/29/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME William Balleares
STREET ADDRESS 1650 NW 25 Ave. #203
CITY-ST-ZIP Miami FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Mama Mata
STREET ADDRESS 243 Atlantic Blvd.
CITY-ST-ZIP Key Largo FL 33037

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/29/02
Date

Daytime Phone #