

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90170 028 \*\*\*150.00

**DOCUMENT # P01000075706**

1. Entity Name  
**DIAMOND TRADING GROUP, INC.**



Principal Place of Business  
**8424 NW 56TH STREET  
SUITE BUE:00065  
MIAMI, FL 33166**

Mailing Address  
**8424 NW 56th Street  
Suite BUE:00065  
Miami, FL 33166**

**J4U6J023**



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-7853091**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SANCHEZ-MEDINA, ROLAND JR**  
**%MCDERMOTT, WILL & EMERY**  
**201 S BISCAYNE BLVD, 22ND FL**  
**MIAMI, FL 33131**  
**The Conrado, Suite 302**  
**2333 Ponce de Leon Blvd.**  
**Coral Gables, FL.**  
**33134**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD
NAME	CINI, CLAUDIO
STREET ADDRESS	8424 NW 56TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	Assistant Secretary
NAME	Roland Sanchez-Medina Jr.
STREET ADDRESS	2333 Ponce de Leon Blvd., Suite 302
CITY-ST-ZIP	Coral Gables FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Roland Sanchez-Medina Jr., Asst. Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 1, 2004*  
Date

*(305) 449-4344*  
Daytime Phone #