2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State **FILED** DOCUMENT # P01000103534 1. Entity Name DIAMOND PSYCHIC CORPORATION 05-07-2002 90226 006 ***150.00 Principal Place of Business Mailing Address 7311 W FLAGLER STREET 7311 W FLAGLER STREET **MIAMI FL 33144** MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1147552 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VELEZ, WILMAR A Street Address (P.O. Box Number is Not Acceptable) 7311 W FLAGLER STREET MIAMI FL 33144 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition VILLAFUERTE, CARLOS J NAME NAME VILLAFUERTE, CARLOS J STREET ADDRESS 16425 COLLINS AVENUE APT 2615 7311 W. FLAGLER STREET STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP MIAMI, FL 33144 TITLE ☐ Delete TITLE X] Change ☐ Addition NAME velez. Wilmar a VELEZ, WILMAR A NAME STREET ADDRESS 16425 COLLINS AVENUE APT 2615 STREET ADDRESS 7311 W. FLAGLER STREET CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 CITY-ST-ZIP MIAMI, FL 33144 Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an atta with all other like embowered. CARLOS VILLAFUERT DIRECTOR