## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 26, 2006 08:00 AM Secretary of State DOCUMENT # P02000090835 1. Entity Name BLACK DIAMOND REAL ESTATE INVESTMENT CORPORATION Principal Place of Business Mailing Address 11900 BISCAYNE BLVD., SUITE 807 11900 BISCAYNE BLVD., SUITE 807 MIAMI FL 33181 MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. ff, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 54-6559745 Not Applicable Zìo Country Zα 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 GLASER, ALLAN M Street Address (P.O. Box Number is Not Acceptable) 11900 BÍSCAYNE BLVD., SUITE 807 MIAMI FL 33181 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or protect name of registered agent and title if applicable (NOTE Registered Agent signature required when re-estativity) OATE FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS ١1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIZLE ☐ Defete TIFLE ☐ Change Addition MAME GLASER, ALLAN M MANG U00000534617 05/08/06-80019-015 150.00 STREET ADDRESS 11900 BISCAYNE BLVD., SUITE 807 STREET ADDRESS CHY-SI-ZIF MIAMI FL 33181 CITY-ST-ZIP TITLE ☐ Defete TitLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY-ST-ZIP mu Detete DILLE ☐ Change Addition NAME NAME STREET ADDRESS SUBEEL ADDRESS CHY-ST-ZIP CITY-SI-ZIP J)TLE Detete TIRE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS City-St-Zip CHY-St-ZiP me Delete □ Change ■ Addition 717) F NAME MAME SZIPEŁ LADDRESS. SYREET ADDRESS C27Y-ST-21P CITY-ST-ZIP 33747 Delete TITCE. ☐ Change ☐ Admition NAME NAME STREET AUDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 it 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 507, 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.

FILED

4/24/06