


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90024 024 ***550.00

DOCUMENT # P02000103043 1. Entity Name DIAMANTE FARMS, INC.			
Principal Place of Business C/O DONALD P DUFRESNE ESQ 347 PARK RIDGE BOERNE, TX 78006		Mailing Address C/O DONALD P DUFRESNE ESQ 1551 FORUM PLACE BLDG 200 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 12377 Indian Mound Rd Suite, Apt. #, etc. Wellington City & State Wellington FL Zip Country 33449 USA		3. Mailing Address 38 Galleria Drive Suite, Apt. #, etc. City & State San Antonio TX Zip Country 78257-1712 USA	
4. FEI Number 74-3086014		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04052007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent KANE, RICHARD S C/O DONALD P DUFRESNE ESQ 1551 FORUM PLACE BUILDING 200 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KANE, RICHARD S 347 PARK RIDGE BOERNE, TX 78006	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP 38 Galleria Drive San Antonio TX 78257-1712
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/13/07 210-601-8300 Date Daytime Phone #	