


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90211 014 \*\*\*150.00

<b>DOCUMENT # P02000105632</b>	
1. Entity Name <b>DIAMOND GALLERIA ENTERPRISES, INC.</b>	

Principal Place of Business <b>16057 TAMPA PALMS BLVD TAMPA, FL 33647</b>	Mailing Address <b>16528 N. Dale Mabry Hwy. 3355 BEARSS AVE TAMPA, FL 33618</b>
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**14006187**



2. Principal Place of Business		3. Mailing Address <b>16528 N. Dale Mabry Hwy</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33618</b>	Country	Zip <b>33618</b>	Country

01222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>42-1552746</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SANDERS, WALTER 3355 BEARSS AVENUE TAMPA, FL 33618</b>		7. Name and Address of New Registered Agent <b>Sanders, Walter 16528 N. Dale Mabry Hwy Tampa FL 33618</b>

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 Walter Sanders Walter Sanders 2/20/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHEUNG, VICTOR 27452 WAIKIKI COURT WESLEY CHAPEL, FL 33543</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Victor Cheung 4/25/05 (813) 909-4888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #