

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000127495**

1. Entity Name  
**FLORIDA DIAMOND PROPERTIES INC.**



Principal Place of Business  
**4910 MILE STRETCH DR  
HOLIDAY, FL 34690**

Mailing Address  
**14006 ISLAMORADA DR  
ORLANDO, FL 32837**



04252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0807797**

Applied For  
Not Applicable

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

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

**MORALES, JULIO M  
4910 MILE STRETCH DR  
HOLIDAY, FL 34690**

**DO NOT WRITE  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MORALES, JULIO M
STREET ADDRESS	4910 MILE STRETCH DR
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	ST
NAME	MORALES, RUTH N
STREET ADDRESS	4910 MILE STRETCH DR
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	V
NAME	MORALES, VANESA N
STREET ADDRESS	4910 MILE STRETCH DR
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000926928  
05/20/08-80085-024 150.00

**DO NOT WRITE  
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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

4/24/08

407-846-1114