2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 19, 2007 08:00 A Secretary of State DOCUMENT # P03000001099 1. Entity Namo MOSES DIAMOND CORPORATION Principal Place of Business Mailing Address 36 N.E. 1ST STREET 36 N.E. 1ST STREET #1038 #1038 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 30-0139145 Not Applicable Ζıp Country 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 Namo PELLISSERY, STALIN 16541 BLATT BLVD #105 Street Address (P.O. Box Number is Not Acceptable) WESTON FL 33326 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 printed name of registered agent and little r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ח DHE ☐ Defete 1814.0 Change ■ Addition PELLISSERY, STALIN NAMI. NAME U00000672722 16541 BLATT BLVD #105 STREET ADDRESS STREET ADDRESS 03/28/07-80080-022 150.00 WESTON FL 33326 CITY - ST - ZIP CITY-ST-ZIP RHE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 11111 Delete TITLE Change Addition | NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - 7IP Delete HHE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP III1E Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THIE ☐ Dolete THIE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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. Hurther 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 receives 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

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with all other like empowered.

of the corporation or the red if changed, or on an attach

SIGNATURE:

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