


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90023 045 ***150.00

DOCUMENT # P03000025667	
1. Entity Name ALMAGOR DIAMONDS, INC.	

Principal Place of Business 450 N. PARK RD. #801 HOLLYWOOD, FL 33021	Mailing Address 450 N. PARK RD. #801 HOLLYWOOD, FL 33021
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2. Principal Place of Business 36 NE 1ST ST Suite, Apt. #, etc. 916	3. Mailing Address 36 NE 1ST ST Suite, Apt. #, etc. 916
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33132	Country USA

40098556



07032006 Chg-P CR2E034 (11/05)

4. FEI Number 13-4240670	Applied For <input type="checkbox"/> Not Applicable
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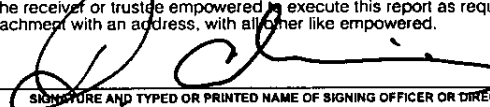
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALMAGOR, DAVID 450 N. PARK RD. #801 HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name DAVID ALMAGOR Street Address (P.O. Box Number is Not Acceptable) 36 NE 1ST ST STE 916 City MIAMI FL Zip Code 33132
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMAGOR, DAVID 450 N. PARK ROAD, #801 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	36 NE 1ST ST, Ste 916 MIAMI, FL 33132 <input checked="" 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
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____