2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3.

FILED
May 28, 2004 8:00 am
Secretary of State
05-03-2004 90735 003 ***150.00

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DOCUMENT # P03000046008

1. Entity Name
DIAMOND INVESTMENTS I, INC.

Principal Place of Business	Mailing Address
2655 LE JEUNE RD., STE. 408 CORAL GABLES, FL 33134	2655 LE JEUNE RD., STE. 408 CORAL GABLES, FL 33134

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2655 Le Jeune Rd		2655 Le Jeune Rd	
Suite, Apt. #, etc. Suite 403		Suite, Apt. #, etc. Suite 403	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country US	Zip 33134	Country US

4. FEI Number 20-1161681 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ALFANO, ALEXANDER J.
2655 LE JEUNE RD., STE. 408
CORAL GABLES, FL 33134

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD FINO RUSSI, JAIME O 2655 LE JEUNE RD., STE. 408 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4/25/04 305 228 1341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #