## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 27, 2004 8:00 am Secretary of State

DOCUMENT # P03000046165  1. Entity Name DIAMOND BUILDING SERVICES, INC.								08-27-200	4 90003 (	046 ***1	50.00	
Principal Place	e of Busines		Mailing Address	Mailing Address			,		<b>.</b>	4070:	) H C	
1393 NW 10TH ST			1393 NW 10TH ST						3	4070	) ( 0	
HOMESTEAD,	FL 33030		HOMESTEAD, FL 33030				•					
2. Principal Place of Business 3			3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08182004	Chg-P	CR2E03	4 (10/03)		
City & State			City & State				4. FEI Numbe	219,6	7.7-7		plied For t Applicable	
Zip	Zip Country		Zip	Zip Coun			5. Certificate	of Status Desired	m/ §	8.75 Add	litional	
6. Name and Address of Current Re			Registered Agent	istered Agent				Address of New R		ee Require	d	
of reality and reality of soliton, registered Agent							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9,0,0,0,0			
CORONA, JORGE 1393 NW 10TH ST					Street Address (P.O. Box Number is Not Acceptable)							
HOMESTEAD, FL 33030												
			City						7:-0			
									<u>FL</u>	Zip Codi		
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.												
1 Towns ( 00000.												
SIGNATURE Signature, typed or printed nother of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  ONTE												
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Finan Trust Fund Contribution.							00 May Be ed to Fees	In accordance v corporation did	vith s. 607. not receive	193(2)(b), the prior r	F.S., the notice.	
10.		OFFICERS AND				-0	ADDITIONS/	CHANGES TO OFF	ICERS AND			
TITLE NAME			☐ Delete	TITL			0/5	11 -	- 0-	☐ Change	Addition	
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NAME			LI Detete	NAM						L. Grange	רבן וימטוווטוו	
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CITY-ST-ZIP		·····	☐ Delete	TITL	r-ST-ZIP		···········			Change	☐ Addition	
TITLE NAME			L Delete	NAA						L.J. Ollange		
STREET ADDRESS	)				eet address Y-5t-Zip							
TITLE	<u> </u>		☐ Delete	fill						☐ Change	☐ Addition	
NAME	1			NAA	AE .							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP							
	Certify that th	e information supplied with	this filing does not qualify for			ed in Se	ection 119.07(3)(	), Florida Statutes	I further cert	ify that the in	nformation	
indicated of the cor	on this repo poration or t	ort or supplemental report in the receiver or trustee emplachment with an address	this filing does not qualify for true and accurate and the securate and the covered to execute this report with all other like ampounts.	my signa t as requ	ature shall h ired by Cha	ave the pter 60	same legal effec 7, Florida Statute	t as if made under on the state of the state	oath; that I a e appears in	m an officer Block 10 o	or director Block 11 if	