

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90004 042 ***150.00

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1. Entity Name
DIAMOND STAR INVESTMENTS, INC.



Principal Place of Business
1217 CAPE CORAL PKWY
CAPE CORAL, FL 33904-9604

Mailing Address
1217 CAPE CORAL PKWY
CAPE CORAL, FL 33904-9604

2. Principal Place of Business
14369 SW 135th Court

3. Mailing Address
14369 SW 135th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33186

Country
USA

Zip
33186

Country
USA

03202003

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0788444

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PKWY
CAPE CORAL, FL 33904-9604

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

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Fausto Estrella
14369 SW 135th Court
MIAMI FLORIDA 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICEPRESIDENT
EVELYN PERALTA
6995 NW 173 AVE #
2105 MIAMI, FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
ELBA HERRERA TAVARES
18322 SW 149 CT.
MIAMI, FL 33187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Fausto Estrella

05-28-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #