2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P0300061054 1. Entity Name DIAMOND STAR INVESTMENTS, INC.								FILED 06 OCT 24 PM 3: 27 OLUMETÁRT OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 19964 SW 129 CT MIAMI, FL 33177				Mailing Address 19964 SW 129 CT MIAMI, FL 33177				1 e 1 6 1					A Mari II Mi
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10192006	Chg-F	,	CR2E0	34 (11/05)	•
City & State			'	City & State			_	4. FEI Numb 01-078					pplied For lot Applicable
Zip	Country			Zip Coun		try		5. Certificate of Status Desired \$8.75 A Fee Requi					
6. Name and Address of Current Registered Agent								7. Name and	d Address o	f New Regi	istered A	\gent	
ESTRELLA, FAUSTO 19964 SW 129 CT MIAMI, FL 33177						Street Address (P.O. Box Number is Not Acceptable)							
						City				. —	FL	Zip Co	de
	named entit tions of regist	y submits this statement to ered agent.	r the p	ourpose of changing its	registere	ed office or	registere	ed agent, or bo	oth, in the Sta	ate of Florid	a. lamf	amiliar with	, and accept
SIGNATURE		or printed name of registered agent a	and title	if applicable. (NOTE	: Registered	- I Agent signatu	ure required	when reinstating)			DATE	 -	
Amended AR is \$61.25 9. Election Campaign Financing \$5 Trust Fund Contribution.													
10. OFFICERS AND								ADDITIONS	/CHANGES	TO OFFICE	RS AND		
NAME STREET ADDRESS CITY-ST-ZIP	į.	ESTRELLA / 135TH COURT . 33186		☐ Delete TITLE NAME STREE CITY-				.5 6 10/2	O □ O 8 4/060	3 11 !)1041-	520 -005	□ Change □□□□ ※※61.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERALTA, EVELYN 6995 NW 173 DRIVE #2105 HIALEAH, FL 33015			Delete	ET ADDRESS ST-ZIP						Change	Addition	
TIRE NAME STREET ADDRESS CITY-ST-ZIP	S TAVARES, ELBA HERRERA 18322 SW 149 CT. MIAMI, FL 33187			Delete TITLE NAME STREE CITY-								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.1			☐ Deleie TITLE NAME STREE CITY-:				ISELA CAMAR				Change	Addition ATURER
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	\$100/50			Delete TITLE NAME STREE CITY-S			Min	CEYA I CO NI RISE,	eode w 3	160E	2 0012	Change	Addition Ensure
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1	T ADDRESS ST-ZIP						Change	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 attacpment with an address, with all other like empowered. SIGNATURE: **STREAM** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06** 10/19/06													
SIGNAT	URE: _	SIGNATURE AND TYPED OR P	U/ RINTED	NAME OF SIGNING OFFICER O	UST OR DIRECTO	TO E	>12	EWA	/D/	17/6) (p	ytime Phone #	1