

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90200 041 ***150.00

DOCUMENT # P03000061054

1. Entity Name
DIAMOND STAR INVESTMENTS, INC.



Principal Place of Business
**19964 SW 129 CT
MIAMI, FL 33177**

Mailing Address
**19964 SW 129 CT
MIAMI, FL 33177**

40086134



2. Principal Place of Business - No P.O. Box #
SAME as above
Suite, Apt. #, etc.

3. Mailing Address
SAME as above
Suite, Apt. #, etc.

04172007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
01-0788444

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**ESTRELLA, FAUSTO
19964 SW 129 CT
MIAMI, FL 33177**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retaining)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FAUSTO ESTRELLA**
STREET ADDRESS **14369 SW 135TH COURT**
CITY-STATE-ZIP **MIAMI, FL 33186**

TITLE **VP** ☒ Delete
NAME **PERALTA, EVELYN**
STREET ADDRESS **6995 NW 173 DRIVE #2105**
CITY-STATE-ZIP **HALEAH, FL 33015**

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

TITLE **T** ☐ Delete
NAME **GONZALEZ, MARISELA**
STREET ADDRESS **5365 SW 125 AVE**
CITY-STATE-ZIP **MIRAMAR, FL 33027**

TITLE **AT** ☐ Delete
NAME **RODRIGUEZ, MIREYA**
STREET ADDRESS **7000 NW 24 COURT**
CITY-STATE-ZIP **SUNRISE, FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **FAUSTO ESTRELLA**
STREET ADDRESS **19964 SW 129 CT MIAMI FL**
CITY-STATE-ZIP **33177**

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

TITLE **S** ☐ Change ☐ Addition
NAME **TAVARES, ELBA HERRERA**
STREET ADDRESS **13005 SW 196 ST MIAMI FL**
CITY-STATE-ZIP **33177**

TITLE **T** ☐ Change ☐ Addition
NAME **GONZALEZ, MARISELA**
STREET ADDRESS **5365 SW 125 AVE MIRAMAR FL**
CITY-STATE-ZIP **33027**

TITLE **AT** ☐ Change ☐ Addition
NAME **RODRIGUEZ, MIREYA**
STREET ADDRESS **7000 NW 24 CT SUNRISE FL**
CITY-STATE-ZIP **33313**

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

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:

FAUSTO ESTRELLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07

786-299-6825