2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # P03000061054 07 OCT 16 AM 9: 35 DIAMOND STAR INVESTMENTS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIÐA Principal Place of Business Mailing Address 19964 SW 129 CT 19964 SW 129 CT MIAMI, FL 33177 MIAMI, FL 33177 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 10102007 CR2E034 (12/06) City & State Applied For City & State 4. FFI Number 01-0788444 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESTRELLA, FAUSTO Street Address (P.O. Box Number is Not Acceptable) 19964 SW 129 CT MIAMI, FL 33177 City 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 egistered agent (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May 8e Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition FAUSTO, ESTRELLA NAME NAME ESTIZEUA, FAUSTO STREET ADDRESS 19964 SW 129 CT STREET ADDRESS 9964 SW 129 4 Miumi F1 33177 CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZiP 🗷 Delete TITLE ☐ Addition ☐ Change TAVARES, ELBA HERRERA NAME NAME 200110863352 STREET ADDRESS 13005 SW 196 ST STREET ADDRESS 10/16/07--01056--008 **61.25 CITY-\$T-ZIP MIAMI, FL 33177 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GONZALEZ, MARISELA NAME NAME STREET ADDRESS 5365 SW 125 AVE STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RODRIGUEZ, MIREYA NAME NAME RODRIGUEZ, MIREYA STREET ADDRESS 7000 NW 24 CT STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33313 CITY-ST-ZIP 7000 NW 24 CT SUNRISE TI 333/3 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 it changed, or on an attact/prien) with an address, with all other tike empowered.