

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000094459 1. Entity Name DIAMOND REPORTING GROUP, INC.					
Principal Place of Business 10210 SW 137 PL MIAMI FL 33186			Mailing Address 10210 SW 137 PL MIAMI FL 33186		
2. Principal Place of Business <u>SAME</u> Suite, Apt. #, etc.		3. Mailing Address <u>SAME</u> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2214489	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALE, LORRAINE R 10210 SW 137 PL MIAMI FL 33186				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 <u>Lorraine R. Dale</u> DATE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, KATHY S 719 VISTA MEADOWS DRIVE WESTON FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000422043 02/16/06-80062-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE, LORRAINE R 10210 S.W. 137TH PLACE MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine R. Dale **LORRAINE R. DALE** 2/2/06 305-408-835