2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # P03000112346 1. Entity Name DIAMONDS APARTMENTS, INC.					Secretary of State
16100 ABE	ce of Business RDEEN WAY S, FL 33014	Mailing Address 16100 ABERDEEN WAY MIAMI LAKES, FL 33014			
С	O NOT WRITE 6. Name and Address of Current Re		CE	04132005 4. FEI Numb 65-120	
RIVEIRO, FERNANDO 16100 ABERDEEN WAY MIAMI LAKES, FL 33014			DO NOT WRITE IN THIS SPACE		
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) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees	U00000326656 04/25/05-80008-017_150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DII P RIVEIRO, FERNANDO 16100 ABERDEEN WAY MIAMI LAKES, FL 33014 S RIVEIRO, MIREYA	-			
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NAME STREET ADDRESS CITY-ST-ZIP			-		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			og _{eft} g manner. Li
12. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Date Date Date Date					