


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90081 026 ***150.00

DOCUMENT # P03000112346
 1. Entity Name
DIAMONDS APARTMENTS, INC.



Principal Place of Business Mailing Address
 16100 ABERDEEN WAY 16100 ABERDEEN WAY
 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

16100 Aberdeen way 16100 Aberdeen way



2. Principal Place of Business 3. Mailing Address
SAME AS ABOVE *SAME AS ABOVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A *N/A*

1st MOORE CR2E034 (10/05)

City & State City & State
MIAMI LAKES FL. *MIAMI LAKES FL.*

Zip Country Zip Country
33014 *USA* *33014* *USA*

4. FEI Number Applied For
65-1207484 Not Applicable

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

6. Name and Address of Current Registered Agent
RIVEIRO, FERNANDO
16100 ABERDEEN WAY
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent
 Name *N/A*
 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: *Fernando Riveiro Pina* *2/4/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

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 **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RIVEIRO, FERNANDO | |
| STREET ADDRESS | 16100 ABERDEEN WAY | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | RIVEIRO, MIREYA | |
| STREET ADDRESS | 16100 ABERDEEN WAY | |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fernando Riveiro Pina* *2/4/06* *305-785-8675*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #