

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90222 032 \*\*\*150.00

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<b>DOCUMENT # P04000033864</b> 1. Entity Name <b>HMS CERTIFIED DIAMONDS, INC.</b>			
Principal Place of Business <b>36 N.E. 1ST STREET MIAMI, FL 33132</b>		Mailing Address <b>36 N.E. 1ST STREET MIAMI, FL 33132</b>	
2. Principal Place of Business <b>2612 S. ARLISS MILLS CIRCLE SUITE, Apt. #, etc. 1511 CITY &amp; STATE SURPRISE, AZ ZIP 33323 COUNTRY SPAIN</b>		3. Mailing Address <b>2612 S. ARLISS MILLS CIRCLE SUITE, Apt. #, etc. 1511 CITY &amp; STATE SURPRISE, AZ ZIP 33323 COUNTRY SPAIN</b>	
03282005 Chg-P CR2E034 (10/03)		4. FEI Number <b>00-0791324</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>COHEN, MARK D ESQ, 4000 HOLLYWOOD BLVD. SUITE 435 SOUTH, PRESIDENTIAL CIRCLE HOLLYWOOD, FL 33021</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D STEINLAUF, HOWARD 36 N.E. 1ST STREET MIAMI, FL 33132</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 another like empowered.			
<b>SIGNATURE:</b>		<b>4-25-05</b> <b>(954) 514-2100</b> Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			