


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90196 015 ***150.00

DOCUMENT # P04000058731	
1. Entity Name APPEARANCE DIAMOND INC	

Principal Place of Business 777 SOUTH FEDERAL HWY. POMPANO BCH, FL 33062	Mailing Address 777 SOUTH FEDERAL HWY. POMPANO BCH, FL 33062
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2. Principal Place of Business - No P.O. Box # BUILDING H-301		3. Mailing Address BUILDING H-301	
Suite, Apt. #, etc. POMPANO BEACH		Suite, Apt. #, etc. POMPANO BEACH	
City & State FLORIDA		City & State FLORIDA	
Zip 33062	Country USA	Zip 33062	Country USA

01082007 Chg-P CR2E034 (12/06)	
4. FEI Number 01-0814776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEINSHANK, TERRY 777 SOUTH FEDERAL HWY. BLDG H-301 POMPANO BCH, FL 33062	
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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><i>Terry Weinhank</i></u> DATE <u>1-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSHANK, TERRY 777 S FEDERAL HWY, BLDG H-301 POMPANO BCH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE <u><i>Terry Weinhank</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1-9-07</u> <u>5617347799</u> <small>Date Daytime Phone #</small>