2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90023 027 ***150.00

DOCUMENT # P04000088216

1. Entity Name
DIAMOND EYE PROFESSIONAL VIDEO SERVICES, INC.

Principal Place of Business
3092 SW LUCERNE ST.
PORT ST. LUCIE, FL 34953

Mailing Address
265 SW PORT ST. LUCIE BLVD. #160
PORT ST. LUCIE, FL 34984

40016474

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4556312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAMOND, GARY
3546 S OCEAN BLVD #403
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3092 SW LUCERNE ST.

City PORT ST. LUCIE FL Zip Code 34953

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] 1-5-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	P DIAMOND, GARY 3546 S OCEAN BLVD #403 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	 3092 SW LUCERNE ST. PORT ST LUCIE, FL 34953	☒ Change ☐ 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 all other like empowered.

SIGNATURE: [signature] 1-5-2005 772-871-2529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #