


FILED
Apr 15, 2005 8:00 am
Secretary of State

03-10-2005 90137 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000090650

1. Entity Name
HOLLYWOOD DIAMONDS, INC.



Principal Place of Business
**4800 NW 124TH WAY
 CORAL SPRINGS, FL 33076**

Mailing Address
**4800 NW 124TH WAY
 CORAL SPRINGS, FL 33076**

66010093



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02082005 Chg-P CR2E034 (10/03)

City & State
 Zip

City & State
 Zip

4. Fil Number
13-9286074

Applied For
 Not Applicable

City & State
 Zip

City & State
 Zip

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

City & State
 Zip

City & State
 Zip

6. Name and Address of Current Registered Agent
**DAVYDOV, VERONICA
 4800 NW 124TH WAY
 CORAL SPRINGS, FL 33076**

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 _____ DATE _____
Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when reappointing)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DAVYDOV, VERONICA 4800 NW 124TH WAY CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DAVYDOV, VERONICA 4800 NW 12TH WAY CORAL SPRINGS, NY 33076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *x [Signature]* **03/05/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #