


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90025 038 ***150.00

DOCUMENT # P04000090650 1. Entity Name HOLLYWOOD DIAMONDS, INC.					
Principal Place of Business 36 NE 1ST STREET 751 MIAMI, FL 33132			Mailing Address 36 NE 1ST STREET 751 MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box # 169 E FLAGLER ST		3. Mailing Address 169 E FLAGLER ST			
Suite, Apt. #, etc. 1035		Suite, Apt. #, etc. 1035			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33131		Country US		4. FEI Number 13-4286074	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 MIKHAIL GASPARIAN Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER ST # 1035 City MIAMI FL 33131		
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 <i>[Signature]</i> DATE 4/7/08 <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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRES DAVYDOV, VERONICA 4800 NW 124TH WAY CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MIKHAIL GASPARIAN 169 E FLAGLER ST MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>[Signature]</i>			Date 4/7/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		