2006 FOR PROFIT CORP ANNUAL REPOR	ORATION	FILED Apr 10, 2006 8:00 am Secretary of State
DOCUMENT # P04000129215		04-10-2006 90286 004 ***150.00
1. Entity Name DIAMOND CAFE AND MARKET, INC.		
Principal Place of Business Mailing Addre 4777 COLLINS AVE 4777 COLLI MIAMI BEACH, FL 33140 MIAMI BEAC		60025597
2. Principal Place of Business 47777 Collins Ave 47777 Suite, Apt. #, etc. City & State City & State	Collins Que.	01262006 Chg-P CR2E034 (11/05)
Miami Beach, FA. Mia. Zip Country Zip 33140 U.S.A. 331 6. Name and Address of Current Registered Agen	$\frac{M1}{40} \frac{1}{\frac{1}{2} \frac{1}{2} \frac{1}{$	20-1833992 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
CABANAS, JOSEPH F CABANAS & ASSOCIATES, P.A. 10520 N W 26 ST STE C201 MIAMIBEACH, FL 33140 change to		(P.O. Box Number is Not Acceptable)
 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Date		
10. OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME ESPINAL, RAMON D SR. STREET ADDRESS 4777 COLLINS AVE -correcti	ои street address 47	Espinal, Ramon, SR Change Addition Espinal, Ramon, SR Iubhouse ami Beach, Fl. 33140
TITLE IN IT	Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
TITLE AME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE INAME STREET ADDRESS CITY - ST - ZIP	Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE	Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🛄 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of the corporation or the receiver or first 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 other set.		
SIGNATURE:		01/30/06 (305) 389 2434
Ramon D. Espinal Date Day Date Day		