

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000018386

1. Entity Name
DIAMOND TRADING COMPANY OF SARASOTA INC.



Principal Place of Business

**9805 NW 52ND ST
SUITE 520
DORAL, FL 33178 US**

Mailing Address

**9805 NW 52ND ST
SUITE 520
DORAL, FL 33178 US**



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2286867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLUCHOV, MARC
9805 NW 52ND ST
DORAL, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000952578
06/04/08-80086-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLUCHOV, MARC
STREET ADDRESS	9805 NW 52ND ST SUITE 520
CITY-ST-ZIP	DORAL, FL 33178
TITLE	VP
NAME	GLUCHOV, SHERRY W
STREET ADDRESS	9805 NW 52ND ST
CITY-ST-ZIP	DORAL, FL 33178
TITLE	S
NAME	GLUCHOV, JESSICA N
STREET ADDRESS	1134 SHAFFER TRAIL
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	T
NAME	GLUCHOV, ANDREW
STREET ADDRESS	1134 SHAFFER TRAIL
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	D
NAME	GLUCHOV, LOUIS J
STREET ADDRESS	1134 SHAFFER TRAIL
CITY-ST-ZIP	OVIDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #