

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000148112**

1. Entity Name

DIAMONDS BY LORRAINE, INC.



Principal Place of Business

19275 BISCAYNE BOULEVARD  
27  
AVENTURA FL 33180  
US

Mailing Address

19275 BISCAYNE BOULEVARD  
27  
AVENTURA FL 33180  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **20-3755374**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARFATI, EKO  
3500 MAGELLAN CIRCLE  
714  
AVENTURA FL 33180

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

Signature, typed or printed name of registered agent and title is authorized

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
NAME: SARFATI, EKO  
STREET ADDRESS: 3500 MAGELLAN CIRCLE #714  
CITY- ST- ZIP: AVENTURA FL 33180

TITLE: VP ☐ Delete  
NAME: SARFATI, LORRAINE  
STREET ADDRESS: 3500 MAGELLAN CIRCLE #714  
CITY- ST- ZIP: AVENTURA FL 33180

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS: 00000075461  
CITY- ST- ZIP: 05/22/07-80068-006 150.00

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

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CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Slo Sarfati* SARFATI EKO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

305-9334880

Daytime Phone #