


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P05000148112
 1. Entity Name
DIAMONDS BY LORRAINE, INC.



Principal Place of Business Mailing Address
 19275 BISCAYNE BOULEVARD 19275 BISCAYNE BOULEVARD
 27 27
 AVENTURA FL 33180 AVENTURA FL 33180
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. **#38** Suite, Apt. #, etc. **#38**

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number Applied For
20-3755374 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
SARFATI, EKO
3500 MAGELLAN CIRCLE
714
AVENTURA FL 33180

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 title, if applicable. (NOTE: Registered Agent Signature required when transferring))

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SARFATI, EKO	
STREET ADDRESS	3500 MAGELLAN CIRCLE #714	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SARFATI, LORRAINE	
STREET ADDRESS	3500 MAGELLAN CIRCLE #714	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

100000934890
 05/23/08-80040-025 150.00

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 4/25/08 305-9334980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #