## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000227

Entity Name: BLUE DIAMOND FASHIONS, INC.

FILED Aug 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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542 EUCLID AVENUE 825 COLLINS AVENUE 4 MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

542 EUCLID AVENUE 825 COLLINS AVENUE 4 MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139

FEI Number: 34-2059389 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALKOV, YAKOV
542 EUCLID AVENUE
4

ALKOV, YAKOV
825 COLLINS AVENUE
MIAMI BEACH, FL 33139 US

MIAMI BEACH, FL 33139 US

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.

SIGNATURE: 08/14/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 ALKOV, YAKOV
 Name:
 ALKOV, YAKOV

 Address:
 542 EUCLID AVENUE #4
 Address:
 825 COLLINS AVENUE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NECHTMAN, RICHARD
 Name:

 Address:
 16450 MIAMI DRIVE #307
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB ALKOV P 08/14/2009