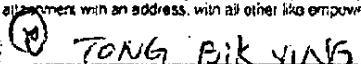
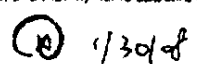


FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90032 039 ***158.75

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000109247					
1. Entity Name P.T. DIAMOND ENTERPRISES, INC.					
Principal Place of Business 209 KEY DEER BLVD. BIG PINE KEY, FL 33043		Mailing Address 209 KEY DEER BLVD. BIG PINE KEY, FL 33043			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 20-5446844				Added For No Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TONG, BIK YING 209 KEY DEER BLVD. BIG PINE KEY, FL 33043				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TONG, BIK YING		NAME		
STREET ADDRESS	209 KEY DEER BLVD		STREET ADDRESS		
CITY-STATE-ZIP	BIG PINE KEY, FL 33043		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	POON, CHI WOR		NAME		
STREET ADDRESS	209 KEY DEER BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	BIG PINE KEY, FL 33043		CITY-STATE-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TOMITA, KENT		NAME		
STREET ADDRESS	3300 N ROOSEVELT BLVD		STREET ADDRESS		
CITY-STATE-ZIP	KEY WEST, FL 33040		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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			NAME		