

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

06-19-2008 90001 009 ***150.00

DOCUMENT # P07000081069					
1. Entity Name DIAMOND ICE OF HAITI, INC.					
Principal Place of Business 86 N.W. 36TH STREET MIAMI, FL 33127			Mailing Address 86 N.W. 36TH STREET MIAMI, FL 33127		
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	4. FEI Number 26-2807593	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JEAN, LUXNER 86 N.W. 36TH STREET MIAMI, FL 33127			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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME JEAN, LUXNER	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 88 N.W. 36TH STREET	CITY-ST-ZIP MIAMI, FL 33127			STREET ADDRESS	CITY-ST-ZIP
TITLE VS	NAME HURLSTON, JOHN	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 88 N.W. 36TH STREET	CITY-ST-ZIP MIAMI, FL 33127			STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-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: _____			6/14/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		