2008 FOR PROFIT CORPORATION

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

DOCUMENT # P07000081069 1. Entity Name DIAMOND ICE OF HAITI, INC.								06-19-20	08 90001	009 ***1	150.00	
Principal Place of Business			Mailing Address									
86 N.W. 36TH STREET MIAMI, FL 33127			86 N.W. 36TH STREET Miami, Fl. 33127				66015685					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06162008	Chg-P		34 (12/06)	<u> </u>	
City & State			City & State				4. FFI Number 2807593 Applied For Not Applied For					
Ζlp	Country		Zip Country				5. Certilicate	of Status Desired		\$8.75 Addi Fee Required		
S. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
JEAN, LUXNER					Street Address (P.O. Box Number is Not Acceptable)							
86 N.W. 36TH STREET MIAMI, FL: 33127				Sweet Address (F.O. Box Harridge 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 Signature, typed or printed name of registered agent and title Empiricable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Final Trust Fund Contribution							10 May Be d to Fees	In accordance corporation di	with s. 607 d not receive	.193(2)(b), i e the prior n	F.S., the otice.	
							ADDITIONS	CHANGES TO OF	FICERS AND			
TITLE NAME	PT JEAN, LUXNER	Æ E					Change	Addition				
STREET ADDRESS CITY-ST-ZIP	88 N.W. 36TH STREET MIAMI, FL 33127	г			EET ADDRESS 1-S1-ZIP						Ţ	
TITLE	VS Delete III									Change	Addition	
MAJAE STREET ADDRESS	HURLSTON, JOHN MASS N.W. 36TH STREET ST				AE EET ADORESS							
CITY-ST-ZP					Y-ST-ZIP							
TITLE		LE AE					Change	☐ Addition				
STREET ADDRESS				STR	EET ADDRESS							
CITY-ST-ZIP			7 have	CUA	Y-ST-ZIP					Change	Addition	
TITLE NAME			☐ Delete	NAA								
- STREET ADDRESS CITY-ST-ZIP					EET ADORESS V-S1-ZIP							
TITLE	<u> </u>		Delete	m	LF			-		Change	Addition	
NAME STREET ADDRESS				NA STR	ME REET ADDRESS	•						
CITY-ST-ZIP					Y-\$1-70P							
TITLE NAME			Delete	TITI NA	- 1					_ Change	Addition	
STREET ADORESS				STF	NEET ADDRESS							
CITY-ST-ZP	partifu that the information	numplined suits this	filing does not mustbe		Y-S1-ZIP	ntained	in Chanter 11	9. Florida Statutes	I further cer	tily that the is	ntormerion	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 sike empowered.												
SIGNATURE: X								6/140		N. 4		
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