

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097465

FILED
Feb 04, 2009
Secretary of State

Entity Name: CHOCODIAMOND TRADE AGENCY INC

Current Principal Place of Business:

420 LINCOLN RD
2C
MIAMI, FL 33139 US

Current Mailing Address:

420 LINCOLN RD
2C
MIAMI, FL 33139 US

New Principal Place of Business:

2000 WILLIAMS ISLAND BLVD
507
AVENTURA, FL 33160 US

New Mailing Address:

2000 WILLIAMS ISLAND BLVD
507
AVENTURA, FL 33160 US

FEI Number: 45-0571909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, PASCAL
420 LINCOLN RD
2C
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

COHEN, PASCAL
2000 WILLIAMS ISLAND BLVD
1907
AVENTURA, FL 33160 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: COHEN

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYON, KETTY
Address: 19 RUE FOURCROY
City-St-Zip: PARIS, FR 75017 FR

Title: S () Delete
Name: COHEN, PASCAL
Address: 2000 WILLIAMS ISLAND BLVD
City-St-Zip: AVENTURA, FL 33160 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAYON, KETTY
Address: 2000 WILLIAMS ISLAND BLVD UNIT 507
City-St-Zip: AVENTURA, FL 33160 US

Title: S (X) Change () Addition
Name: COHEN, PASCAL
Address: 2000 WILLIAMS ISLAND BLVD UNIT 1907
City-St-Zip: AVENTURA, FL 33160 FL

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: COHEN

S

02/04/2009

Electronic Signature of Signing Officer or Director

Date