
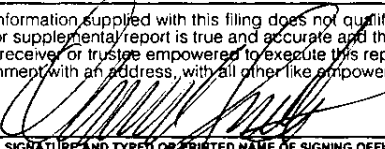


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90035 044 ***150.00

DOCUMENT # P94000035922 1. Entity Name DIAMOND CARS INC.					
Principal Place of Business 7231 S HWY 301 RIVERVIEW, FL 32569 US			Mailing Address 7231 S HWY 301 RIVERVIEW, FL 32569 US		
2. Principal Place of Business - No P.O. Box # 7402 S Hwy 301 Suite, Apt. #, etc.		3. Mailing Address P O Box 2248 Suite, Apt. #, etc.			
City & State Riverview FL 32569		City & State Riverview FL 32568		4. FEI Number 59-3239153	
Zip 32569		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, DEAN G 9817 CARR ROAD RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent Name Smith, Dean G Street Address (P.O. Box Number is Not Acceptable) 7402 S Hwy 301 City Riverview FL Zip Code 32569	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST <input type="checkbox"/> Delete SMITH, DEAN G PO BOX 2248 RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date 4-11-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40067301



04112008 Chg-P CR2E034 (12/06)