

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90023 043 ***150.00

DOCUMENT # P94000039927

1. Entity Name
UNITED DIAMOND MANUFACTURERS, INC.



Principal Place of Business

36 N.E. 1ST STREET
#534
MIAMI, FL 33160

Mailing Address

36 N.E. 1ST STREET
#534
MIAMI, FL 33160

2. Principal Place of Business - No P.O. Box #

36 N.E. 1st Street

Suite, Apt. #, etc.
Suite # 534

City & State
Miami, FL

Zip
33132

Country
USA

3. Mailing Address

36 N.E. 1st Street

Suite, Apt. #, etc.
Suite # 534

City & State
Miami, FL

Zip
33132

Country
USA



01282008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0493576

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICHAEL GLINSKY & COMPANY
169 EAST FLAGLER STREET
SUITE 1620
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SOMEK, MOSHE
3234 NE 211 TERRACE
AVENTURA, FL 33180**

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

Date

305-358-0140

Daytime Phone #