2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000016318

FILED Aug 18, 2004 Secretary of State

Entity Name: DIAMONDS INTERNATIONAL OF FLORIDA, INC.					
Current Pr	incipal Place o	f Business:	New Principal Place of	New Principal Place of Business:	
122 DOVAL KEY WEST					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
589 5TH AVE RM 610 NEW YORK, NY 10017					
FEI Number:	65-0791255	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, 105 TALLAHASSEE, FL 32301 US			HOCKMAN, PETER M 550 BILTMORE WAY		
			780 CORAL GABLES,, FL:	780 CORAL GABLES,, FL 33134 US	
The above in the State		bmits this statement for the pur	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: PETER M. HOCKMAN				08/18/2004	
Electronic Signature of Registered Agent			t	Date	
		2)(b), F.S., the corporation did not r rust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D GAD, ALBERT 589 5TH AVENUE NEW YORK, NY	elete	Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () D GAD, MORRIS 589 5TH AVENUE NEW YORK, NY		Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () D GAD, HECHT D 589 5TH AVENUE NEW YORK, NY		Title: (Name: Address: City-St-Zip:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBERT GAD P 08/18/2004