2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 04, 2007
Secretary of State

DOCUMENT# P95000016318

Entity Name: DIAMONDS INTERNATIONAL OF FLORIDA, INC.

Current Principal Place of Business:

122 DUVAL ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

592 5TH AVE
9TH FLOOR
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 65-0791255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOCKMAN, PETER M
550 BILTMORE WAY
780
CORAL GABLES,, FL 33134 US

Name and Address of New Registered Agent:

HOCKMAN, PETER M
80 SW 8TH STREET
3100
MIAMI, FL 33130 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: PETER M. HOCKMAN 12/04/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CO-P ( ) Delete
Name: GAD, ALBERT
Address: 592 5TH AVENUE, 9TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: CO-P ( ) Delete
Name: GAD, MORRIS
Address: 592 5TH AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: S ( ) Delete
Name: GAD HECHT, DONNA
Address: 592 5TH AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALBERT GAD CO-P 12/04/2007
Electronic Signature of Signing Officer or Director Date