


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90024 040 \*\*\*150.00

<b>DOCUMENT # P95000032775</b> 1. Entity Name <b>ED DIAMOND ASSOCIATES, INC.</b>					
Principal Place of Business <b>P.O. BOX 840009 HOLLYWOOD, FL 33084</b>			Mailing Address <b>P.O. BOX 840009 HOLLYWOOD, FL 33084</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0576467</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TRAGER, ROSS</b> <del><b>1000 NORTH HIATUS ROAD</b></del> <del><b>PEMBROKE PINES, FL 33026</b></del>				Name  Street Address (P.O. Box Number is Not Acceptable) <b>11011 SHERIDAN STREET SUITE # 310</b>  City <b>Cooper City</b> <span style="float: right;"><b>FL</b></span> <span style="float: right;">Zip Code <b>33026</b></span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIAMOND, ED</b>		NAME		
STREET ADDRESS	<del><b>1000 N. HIATUS ROAD SUITE 110</b></del>		STREET ADDRESS	<b>11011 SHERIDAN STREET SUITE # 310</b>	
CITY-ST-ZIP	<del><b>PEMBROKE PINES, FL 33026</b></del>		CITY-ST-ZIP	<b>Cooper City, FL 33026</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u><i>Ed Diamond</i></u> <b>ED DIAMOND</b> <span style="float: right;">4/14/08 954-431-8601</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					