

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000032775



1. Entity Name  
ED DIAMOND ASSOCIATES, INC.

Principal Place of Business  
P.O. BOX 840009  
HOLLYWOOD, FL 33084

Mailing Address  
P.O. BOX 840009  
HOLLYWOOD, FL 33084

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0576467	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

Name

TRAGER, ROSS  
1000 NORTH HIATUS ROAD  
PEMBROKE PINES, FL 33026

Street Address (P.O. Box Number is Not Acceptable)

11011 SHERIDAN STREET SUITE # 310

City  
Cooper City

FL Zip Code  
33026

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, ED 1000 N. HIATUS ROAD SUITE 110 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11011 SHERIDAN STREET SUITE # 310 Cooper City, FL 33026	<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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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

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: *Ed Diamond* 4/14/08 954-431-8601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #