


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90039 027 \*\*\*150.00

<b>DOCUMENT # P97000051831</b>	
1. Entity Name <b>WORLD DIAMOND IMPORT CO.</b>	

Principal Place of Business <b>10661 NORTH KENDALL DR SUITE 214 MIAMI, FL 33176</b>	Mailing Address <b>8304 MILLS DR. MIAMI, FL 33183</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>10661 N. Kendall DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#214</b>
City & State	City & State <b>miami FL</b>
Zip	Zip <b>33176</b>
Country	Country <b>USA</b>



01062007 Chg-P CR2E034 (12/06)

8. Name and Address of Current Registered Agent <b>GOODMAN, ROBERT V 10661 NORTH KENDALL DR SUITE 214 MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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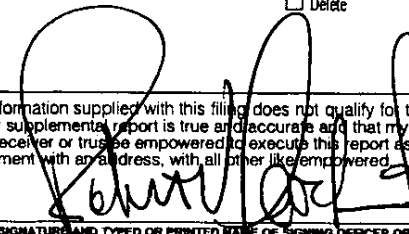
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODMAN, ROBERT V 10661 NORTH KENDALL DR MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **1/16/07** **#305.279.0609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #