


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000064444	
1. Entity Name DIAMOND ROW INVESTMENT CORP.	

Principal Place of Business 4315 NW 7TH STREET 51 MIAMI, FL 33126	Mailing Address 4315 NW 7TH STREET 51 MIAMI, FL 33126
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02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0769592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SEGOVIA, CHARLES A F 4315 NW 7TH STREET 51 MIAMI, FL 33126

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEGOVIA, JEAN P F 9531 FOUNTAINEBLEAU BLVD. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIGALLO, CARLOS A 9531 FOUNTAINEBLEAU BLVD. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGALLO SEGOVIA, CARLO ALBERTO 9531 FOUNTAINEBLEAU BLVD. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGALLO SEGOVIA, CARLOS F 9531 FOUNTAINEBLEAU BLVD. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEGOVIA DE FIGALLO, VIRGINIA M 9531 FOUNTAINEBLEAU BLVD MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80109-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 correct, 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 the empowered.

SIGNATURE: 	President	03/30/05	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				