2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 18, 2005 8:00 am
Secretary of State

06-24-2005 90001 016 ***150.00
07-18-2005 90048 048 ***400.00

DOCUMENT # P97000084789

1. Entity Name
DIAMOND INSURANCE GROUP, INC.

50055853

06172005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
21200 NW 2 AVE MIAMI, FL 33169 US	21200 NW 2ND AVE MIAMI, FL 33169 US

2. Principal Place of Business	3. Mailing Address
5926 RODMAN STREET	5926 RODMAN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33023 Country: U.S.A.	Zip: 33023 Country: U.S.A.

4. FEI Number: 65-0799642 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEHMAN, WILLIAM JR.
21400 NW 2ND AVE.
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name: DANA B. DAITER
Street Address (P.O. Box Number is Not Acceptable): 5926 RODMAN STREET
City: HOLLYWOOD FL Zip Code: 33023

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] 6/20/05
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEHMAN, WILLIAM 21400 NW 2ND AVE. MIAMI, FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DANA B. DAITER 5926 RODMAN STREET HOLLYWOOD, FL. 33023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS REYF, ALAN 21200 NW 2ND AVE. MIAMI, FL 33169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: [signature] 6/20/05 (954)806-9132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #