2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE

Feb 20, 2006 08:00 AM Secretary of State DOCUMENT # P97000101735 HOLLYWOOD DIAMOND REALTY INC. Principal Place of Business Mailing Address 311 JOHNSON STREET HOLLYWOOD FL 33019 3421 N PARK RD HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0798392 Not Applicable Zφ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAGIF, FRIEDA Street Address (P.O. Box Number is Not Acceptable) 311 JOHNSON STREET HOLLYWOOD FL 33019 Zip Code City 3. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Change ☐ Addition TITLE ☐ Oelete NAME DRAGIF, FRIEDA NAME STREET ADDRESS 311 JOHNSON STREET STREET ADORESS U00000440613 CITY-ST-ZIE HOLLYWOOD FL 33019 CITY-ST-71P 93/93/95-80002-922_150.00 THE ☐ Defete TITLE. MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete ☐ Change Addition MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete Change IIILE T Adam NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP ☐ Agam TITLE Delete THE Change NAME MAME STREET ADDRESS STREET ADDRESS EITY-ST-ZIP CITY-ST-ZIP Change BILE ☐ Delete THE □ Addition 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 Section 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

FILED

2/15/06 954-922-150