


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90642 043 ***158.75

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| DOCUMENT # P98000079187 |  |
| 1. Entity Name BLACKDIAMOND DRILLING, INC. | |

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| Principal Place of Business 5145 TOZOUR RD FORT PIERCE FL 34946 | Mailing Address 5145 TOZOUR RD FORT PIERCE FL 34946 |
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| 2. Principal Place of Business 5233 NE 20th Terr. Suite, Apt. #, etc. | 3. Mailing Address 5233 NE 20th Terr. Suite, Apt. #, etc. |
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| City & State Pompano Bch. Florida | City & State Pompano Bch. Florida |
| Zip 33064 | Zip 33064 |
| Country Broward | Country Broward |

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| 4. FEI Number 65-0865391 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HERNANDEZ, MARTIN 5145 TOZOUR RD FORT PIERCE FL 34946 | 7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code: |
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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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE D | <input type="checkbox"/> Delete | TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HERNANDEZ, MARTIN | | NAME HERNANDEZ, MARTIN | |
| STREET ADDRESS 5145 TOZOUR RD | | STREET ADDRESS 5145 TOZOUR RD | |
| CITY-ST-ZIP FORT PIERCE FL 34946 | | CITY-ST-ZIP FORT PIERCE FL 34946 | |
| TITLE D | <input type="checkbox"/> Delete | TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HERNANDEZ, IDANIA | | NAME HERNANDEZ, IDANIA | |
| STREET ADDRESS 5145 TOZOUR RD | | STREET ADDRESS 5145 TOZOUR RD | |
| CITY-ST-ZIP FORT PIERCE FL 34946 | | CITY-ST-ZIP FORT PIERCE FL 34946 | |
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| CITY-ST-ZIP FORT PIERCE FL 34946 | | CITY-ST-ZIP FORT PIERCE FL 34946 | |

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: *Solomon H. S.* **4/8/2004** **954-263-7784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #