2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 06, 2006 08:00 A
Secretary of State

DOCUMENT # P99000025342 1. Entity Name										
TRIPLE DIAMOND, INC.										
Principal Place of Business Mailing Address										
10851 HAWKS VISTA ST PLANTATION FL 33324		10851 HAWKS VISTA ST PLANTATION FL 33324								
2. Principal Place of Business		3. Mailing Address								
Suile, Apt. #, etc.		Suite, Apt. #, etc.		· }	15	t MOORE	CR2E03	34 (10/05	5)	
City & State		City & State			4. FEI Numb	65-09036	88			nied For Applicat
Zip	Country	Zip	Country		5. Certificate	of Status Desired	5	\$8.75 Fee Rec	Addit puired	ional
6. Name and Address of Current Registered Agent				1	7. Name an	d Address of New	Registered	Agent		
SCHWARTZ, MICHAEL A 2514 HOLLYWOOD BLVD #508				Name Street Address	(P.O. Box Numb	per is Not Accepta	ble)			
HOI	LYWOOD FL 33020		-	}				<u></u>		
				City (F	Zip	Code	
8. The above the obligat	named entity submits this statement folions of registered agent.	egistered o	office or registe	red agent, or be	oth, in the State of	-	- ,	with, a	nd acces	
SIGNATURE.	Signature, typed or priving swise of registered agent	and tale al appacabas (NOTE- F	Registeren Agr	erk signature réquire	g when reinställing)	· · · · · · · · · · · · · · · · · · ·	DATE			·
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department of	State	:			S. Election Cam Trust Fund C				O May: I to Fees
10. OFFICERS AND DIRECTORS			11.		ADDITIONS	CHANGES TO O	FFICERS AN	ID DIRECT	เดเร	ווא דד
ΤΙΤΣΕ	D	☐ Delcte	HILE					Chai	nge	
name Street address City-S1-Zip	BITTNER, DENNIS 10851 HAWKS VISTA ST PLANTATION FL 33324		NAME STREET AL CITY-SI-	- ((400 0 004 3-3 0731780	56 <mark>944</mark> }0050-0	01 150	. 90	-
TITLL	D	☐ Deleie	TITLE					Chai	nge	□ Aller
name Street adoress City-St-Zip	10851 HAWKS VISTA ST		NAME STREET AT CITY - STr	10						
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TITLE MAME STREET ADDRESS				DDRESS				☐ Char	 10e	□M
CITY-ST-ZIP			CITY-ST-	ZIP						
TITLE NAME STREET ADDRESS CNY-SI-ZIP		☐ Detete	ITTLE NAME STREET AT CITY-ST	D)				☐ Char	nge	
THTLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete		TITLE . NAME STREET AD CITY-ST-	DDMESS				☐ Char	១ខ្លួច	□A4.5

12. If hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. If further certify that the informatic 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 direct 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Annie Bettrer De

DENNIS BITTHER

3-5-06 99

954-132845,