

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90034 012 ***150.00

DOCUMENT # P99000025496			
1. Entity Name DIAMOND ROCK, INC.			
Principal Place of Business 25006 Player Oaks San Antonio, TX 78258-7222		Mailing Address P.O. Box 591445 SAN ANTONIO, TX 78259	
2. Principal Place of Business - No P.O. Box # 25006 Player Oaks		3. Mailing Address DIAMOND ROCK DBA EXCHANGE PLAZA, INC. PO BOX 591445 SAN ANTONIO, TEXAS 78259	
City & State San Antonio, Texas		4. FEI Number 65-0903355	
Zip 78260		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04272008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BURGESS, FREDERICK ESQ 2685 EXECUTIVE PARK DR SUITE 5 WESTON, FL 33331		7. Name and Address of New Registered Agent	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ G, LUIS F 25006 PLAYER OAKS SAN ANTONIO, TX 78254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, MAGDELENA V 25006 PLAYER OAKS SAN ANTONIO, TX 78254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Luis Rodriguez G.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT. 4/29/08 (210) 663-3709 <small>Date Daytime Phone #</small>	