ANNUAL REPORT

DOCUMENT # P99000955907

1. Entity Name
DIAMOND LOGISTICS SERVICES, INC.



FILED Mar 29, 2004 08:00 AM Secretary of State

Principal Place of Business

4761 NW 72 AVE. MIAMI, FL 33166 Mailing Address

4761 NW 72 AVE. MIAMI, FL 33166





03252004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0926086

5. Certificate of Status Desired

Not Applicable
\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

ROJAS, ALMA J 4761 NW 72 AVE. MIAMI, FL 33166

SIGNATURE:

DO NOT WRITE IN THIS SPACE

•					er en	i garan. Li li li li li li li li li engan de gengang.
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or b	oth, in the State of Florida. I am la	miliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Ag				required when rollnessing)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution,	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						a ng angwar a sa ta gilah
TITLE	PTS		1	• •	en e	
NAME	ROJAS, ALMA J			٠	to the control and the control and the control and their to	
STREET ADDRESS	7967 NW 64 STREET	·-			U00000097971	a armanaán an anna
CITY-ST-ZEP	MIAMI, FL 33166		ł		03/29/04-80022-00	1.10U.UU
mre						
NAME STREET ADDRESS						
CETY-ST-ZEP						
TITLE		· · · · · · · · · · · · · · · · · · ·			e e e e e e e e e e e e e e e e e e e	
NAME			1		·	
STREET ADDRESS				no	NOT WRITE	•
CITY-ST-7IP			İ	טע	MOI AMULE	E STATE OF THE STA
me				IN	THIS SPACE	
NAME			}	24.4	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS						
CITY-ST-ZIP		<u></u>			क्रम पर क्षाप्रकृतक ।	er e e e e e e e e e e e e e e e e e e
TIME			ĺ		•*	
NAME STREET ADORESS						
CATY-ST-ZEP			l			
TITLE			1	, . v.z	The second secon	again a magain <u>angan angan an /u> An an
NAME						
STREET ADDRESS			l		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP		·				
12. Thereby indicated	certify that the information supplied with this to in this report or supplemental report is true poration or the receiver or trustee ampowers , or on all attackment with an address, with a	iling does not qualify for the exe and accurate and that my signs	mption state ture shall her	d in Section 119.07(3 ve the same legal eff	i)(i), Florida Statutes. I further certifect as if made under cath; that I ar	y that the Information n an officer or director
of the co	poration or the receiver or trustee empowere , or on all attackment with an address, with a	d to execute this report as requi Il ofter like empowered.	геа бу Спар *	ter 607, Florida Statu	ites; and that my name appears in	BIDGK 18 OF BLOCK 11 II