


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90035 016 ***150.00

DOCUMENT # P99000102805 1. Entity Name BLUE DIAMOND PROPERTIES, INC.	
--	---

Principal Place of Business 1210 SE 5TH STREET DEERFIELD BEACH, FL 33441	Mailing Address P.O. BOX 7532 DELRAY BEACH, FL 33482
--	--



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0970344	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent FAREC, MUNIR 1210 S. E. 5TH STREET DEERFIELD BEACH, FL 33441
--

DO NOT WRITE IN THIS SPACE

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: <u><i>Munir Fares</i></u> 3/15/05 _____ 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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARES, MUNIR 21516 HALSTEAD DR. BOCA RATON, FL 33428 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARES, MUEEN 19645 DINNER KEU DR. BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FARES, NABIL 11158 Sandy Shell Way BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u><i>Queen F. Jones</i></u> V.P. 3/15/05 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
