

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 04, 2004
Secretary of State**

DOCUMENT# 744400

Entity Name: JEWISH JEWELS, INC.

Current Principal Place of Business:

7290 W. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

7290 W. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33313 US

New Mailing Address:

FEI Number: 59-1852741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASH, NEIL A
1310 NW 76TH AVE
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LASH, NEIL,
Address: 1310 NW 76TH AVE
City-St-Zip: PLANTATION, FL 33322

Title: STD () Delete
Name: LASH, MRS. JAMIE,
Address: 1310 NW 76TH AVE
City-St-Zip: PLANTATION, FL 33322

Title: V () Delete
Name: KOELNER, HARVEY,
Address: 5317 MYRLTLE TERR.
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: SHAMBO, EDWARD,
Address: 3901 NORTH PARK RD.
City-St-Zip: HOLLYWOOD, FL

Title: D () Delete
Name: KLUGE, CHARLES,
Address: 6825 BRIAR LAKE CIR
City-St-Zip: PALM BCH GARDENS, FL

Title: D () Delete
Name: CHIBIS, MARK
Address: 1950 SOUTH OCEAN DR
City-St-Zip: HALLANDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HILBURN, RICHARD,
Address: 1182 41ST AVE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL A LASH

PD

05/04/2004

Electronic Signature of Signing Officer or Director

_____ Date