


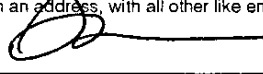
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90033 027 ***150.00

DOCUMENT # F71620					
1. Entity Name LEVISON'S JEWELRY, INC.					
Principal Place of Business 2998 MCFARLANE RD MIAMI FL 33133			Mailing Address 2998 MCFARLANE RD MIAMI FL 33133		
2. Principal Place of Business 3403 MAIN HIGHWAY		3. Mailing Address 3403 MAIN HIGHWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COCONUT GROVE, FL.		City & State COCONUT GROVE, FL.		4. FEI Number 59-2163253	
Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>			
Zip 33133	Country USA	Zip 33133	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVISON, DAVID 2998 MCFARLANE RD MIAMI FL 33133			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
3403 MAIN HIGHWAY			3403 MAIN HIGHWAY		
City COCONUT GROVE, FL Zip Code 33133			City COCONUT GROVE, FL Zip Code 33133		
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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVISON, DAVID	NAME			
STREET ADDRESS	3650 JUSTISON RD	STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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:  **DAVID LEVISON** **1/17/05 305-529-9997**

Signature and typed or printed name of signing officer or director Date Daytime Phone #