

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M42548

FILED  
Mar 22, 2004  
Secretary of State

**Entity Name:** FIRST INSTITUTE OF GEMMOLOGY AND JEWELRY SCHOOL OF FLORIDA, INC.

**Current Principal Place of Business:**

220 MIRACLE MILE, ROOM 229  
CORAL GABLES, FL 331342909

**New Principal Place of Business:**

**Current Mailing Address:**

220 MIRACLE MILE, ROOM 229  
CORAL GABLES, FL 331342909

**New Mailing Address:**

**FEI Number:** 59-2794651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOUTARDIER, PHILIPPE  
4450 SW 13 STREET  
MIAMI, FL 33134

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MOUTARDIER, PHILIPPE,  
Address: 4450 SW 13 STR  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: MOUTARDIER, HERMIS  
Address: 4450 SW 13 STR  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** PHILIPPE MOUTARDIER

PTD

03/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date