


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-21-2005 90001 us9***150.00
M44335

DOCUMENT # M44335 1. Entity Name FREDDY'S DIAMOND AND FINE JEWELRY, INC.	
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06 FEB 15 AM 11:00

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12801 W. SUNRISE BLVD. STE. 455 SUNRISE, FL 33322 US	Mailing Address 12801 W. SUNRISE BLVD. STE. 455 SUNRISE, FL 33322 US
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2. Principal Place of Business 36 NE 1st St.-Seybold Bldg	3. Mailing Address 36 NE 1st St.-Seybold Bldg
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Suite, Apt. #, etc. Ste. 131	Suite, Apt. #, etc. Ste. 131
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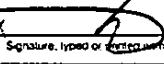
City & State Miami, FL	City & State Miami, FL
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4. FEI Number: 59-2726922
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

Zip 33132	Country USA	Zip 33132	Country USA
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6. Name and Address of Current Registered Agent STRAUSS, FREDERICK C/O FREDDY'S-SEYBOLD BLDG. 36 NE 1ST ST #131 SEYBOLD ARCADE MIAMI, FL 33132	7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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:  6/15/05
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when completed.)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, FREDERICK L. 3701 NE 208 ST. N MIAMI BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:  6/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR