2004 FOR PROFIT CORPORATION

FILED Apr 28, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P00000040695** 1. Entity Name JEWELRY BY VALDO, CORPORATION Principal Place of Business Mailing Address 5771 SW 29 TERRACE 5771 SW 29 TERRACE FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1005576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VALAREZO, ANGEL C 2300 GRIFFIN ROAD **LOTE # 144** IN THIS SPACE FORT LAUDERDALE, FL 33312 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. DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TELF NAME VALAREZO, ANGEL CAMILO STREET ADDRESS 2300 GRIFFIN ROAD LOTE # 144 U00000136082 04/28/04-80090-023 150.00 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE DOMINGUEZ, ANA MARIA NAME STREET ADDRESS 2300 GRIFFIN ROAD LOTE # 144 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE DOMINGUEZ, ANA MARIA NAME STREET ADDRESS 2300 GRIFFIN ROAD LOTE # 144 DO NOT WRITE FORT LAUDERDALE, FL 33312 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 addiress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

Daytims Phone #