


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90400 020 \*\*\*150.00

DOCUMENT # P03000051257	
1. Entity Name A & A JEWELERS, INC.	

Principal Place of Business 490 MANDALAY AVE SUITES 10 & 11 CLEARWATER BEACH, FL 33767	Mailing Address 490 MANDALAY AVE SUITES 10 & 11 CLEARWATER BEACH, FL 33767 US
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14013544



2. Principal Place of Business 201 West Bay Drive Suite, Apt. #, etc. Suite E-3	3. Mailing Address SAME Suite, Apt. #, etc.
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04292005 Chg-P CR2E034 (10/03)

City & State Largo, FL	City & State	4. FEI Number 74-3089509	Applied For Not Applicable
Zip 33770	Country	Zip	Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EKREN, WAYNE K 1254 S. PINELLAS AVE. TARPON SPRINGS, FL 34689	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GHOBRIAL, ASMA G STREET ADDRESS 490 MANDALAY AVE. CITY-ST-ZIP CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 201 West Bay Drive, Suite E-3 Largo, FL 33770	
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
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Asma Ghobrial Date: 4/29/05 Daytime Phone # \_\_\_\_\_