


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000068125 1. Entity Name BUCHWALD JEWELERS, INC.	
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Principal Place of Business 36 N.E. 1ST ST., STE. 123 MIAMI, FL 33132	Mailing Address 36 N.E. 1ST ST., STE. 123 MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0607167	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BUCHWALD, ROBERT
 36 N.E. 1ST ST., STE. 123
 MIAMI, FL 33132

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BUCHWALD, ROBERT 36 N.E. 1ST ST., STE. 123 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BUCHWALD, JEFFREY 36 N.E. 1ST ST., STE. 123 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BUCHWALD, MARC 36 N.E. 1ST ST., STE. 123 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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 01/29/04-80003-009 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  Robert Buchwald, Pres 1/15/04 305-373-5283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #