2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P98000092869 1. Entity Name THE JEWELRY COLLECTION, INC. Mailing Address 11850 STATE RD 84 STE A16 DAVIE, FL 33325 Principal Place of Business Mailing Address P. 0. 80X 612502 N. MIAMI, FL 33261-2502

11850 STATI STE A16 DAVIE, FL 3		P. O. BOX 612502 N. MIAMI, FL 33261-2502					
DO NOT WRITE IN THIS SPACE				01252004 4. FEI Number 65-087 5. Certificate			Applied For Not Applicable 8.75 Additional Required
	6. Name and Address of Current Regis	stered Agent					
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or regi	stered agent, or bo	th, in the State of Flo	ida. I am fai	miliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE. Register			Agent signature req	uired when reinstaling)		DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution. Trust Fund Contribution.		\$5.00 May Be Added to Fees			
TITLE	OFFICERS AND DIRE	CIORS	-				•
NAME STREET ADDRESS City-St-Zip	BLANK, CRAIG PO BOX 612502 N MIAMI, FL 332612502			<u>.</u> —			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANK, PEARL PO BOX 612502 N MIAMI, FL 332612502				410000014 38 -40 7,85740	10665 117 0- 02	1 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		IN .	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- <u></u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby	certify that the information supplied with this	filing does not qualify for the exe	mption stated in	Section 119.07(3)	(i), Florida Statutes. I	further certif	y that the information

12. I hereby certify that the information supplied with this filling does not duality for the exemption stated in Section 119.07(3)(f), 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to exact 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 action of the corporation of the receiver of the corporation of the receiver or trustee empowered to exact the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

DURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

le Blank Dt

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