FILED 2004 FOR PROFIT CORPORATION May 07, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # S25984*** 1. Entity Name KENO BROTHERS JEWELERS, INC. Principal Place of Business Mailing Address 2000 E SUNRISE BLVD 2000 E SUNRISE BLVD FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304 CR2E034 (10/03) 05042004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0243525 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE KENO, BRUCE A. 2000 E SUNRISE BLVD FT LAUDERDALE, FL 33304 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE KENO, BRUCE A. NAME 2000 E SUNRISE BLVD STREET ADORESS CITY-ST-ZIP FT LAUDERDALE, FL KENO, BRIAN K. NAME STREET ADDRESS 2000 E SUNRISE BLVD CITY - ST - 7tP FT LAUDERDALE, FL TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SKOMING OFFICER OR DIRECTOR

4-30-04

954-763-5

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