

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90218 043 ***158.75

DOCUMENT # P00000102654					
1. Entity Name MIAMI JEWELRY EXCHANGE CORPORATION					
Principal Place of Business 55 NE 1ST. STREET, #12 MIAMI, FL 33132			Mailing Address 55 NE 1ST. STREET, #12 MIAMI, FL 33132		
2. Principal Place of Business 22 NE 1ST STREET			3. Mailing Address		
Suite, Apt. #, etc. Suite 123			Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State		
Zip 33132		Country		Zip	
Country		Country		Country	
4. FEI Number 65-1055269				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMINOV, ABRAM 55 NE 1ST. STREET, #12 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME AMINOV, ABRAM STREET ADDRESS 4320 ADAMS AVE. CITY-ST-ZIP MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE DP NAME AMINOV, ABRAM STREET ADDRESS 55 NE 1ST ST SUITE 12 CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME AMINOV, GEORGE STREET ADDRESS 4320 ADAMS AVE. CITY-ST-ZIP MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE DT NAME AMINOV, GEORGE STREET ADDRESS 55 NE 1ST ST SUITE 12 CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME AMINOV, MANI STREET ADDRESS 4320 ADAMS AVE. CITY-ST-ZIP MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE DS NAME AMINOV, MANI STREET ADDRESS 55 NE 1ST ST SUITE 12 CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 exemptions contained in Chapter 119, 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: ABRAM AMINOV 4/20/06 (305) 374-7770					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					