2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

Jan 27, 2005 08:00 AM **DOCUMENT # 292782 Secretary of State** 1. Entity Name FERGUSON JEWELERS, INC. Principal Place of Business Mailing Address 1114 N. FLAGLER AVE. HOMESTEAD FL 33030 1114 N. FLAGLER AVE. HOMESTEAD FL 33030 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1100217 Not Applicab! Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERGUSON, GARY A. Street Address (P.O. Box Number is Not Acceptable) 15860 SW 280TH ST HOMESTEAD FL 33031 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May B. After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete FIFLE 🔲 Change 🔲 Additio NAME FERGUSON, GARY ALLEN NAME U00000199105 STREET ADDRESS 28951 S.W. 175 AVE STREET ADDRESS 01/27/05-80080-004 150.00 CITY-ST-ZIP HOMESTEAD FL 33030 CITY-ST-ZIP ST Delete TITLE Change ☐ Addibi NAME FERGUSON, LENORE MAME STREET ADDRESS 15860 SW 280TH ST STREET ADDRESS CITY - ST - ZIP HOMESTEAD FL 33031 CITY-ST-7IP TITLE Delete Ditt ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y - S1 - 7(P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZE THILE ☐ Delete TITLE Additio ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-762 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

1/23/05 305-247-4535 Date Deviewe Phone #