2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

727 127 9192 Daylime Phone #

1. Entity Nam	MENT # 303357 DMAS JEWELERS, INC	-			Sec	cretary of State
Principal Plac 4860 48TH ST PETE, FL		Mailing Address 4860 48TH AVE N ST PETE, FL 33714				
DO NOT WRITE IN THIS SPA			CE	01072005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-1116331 Not Applied be		
					of Status Desired	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current R JAMES H H AVENUE N RSBURG, FL 33714	DO NOT WRITE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when renalating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMAS, JAMES H. 4860 48TH AVE N ST PETERSBURG, FL	RECTORS			U0000 04/09/05	0295917 1-80048-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLAGHER, VIRGINIA 6801 22ND STREET NORTH SAINT PETERSBURG, FL 33702		<u></u>		· ·	
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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 if changed, or on an attachment with an address, with all other like empowered.						

SANTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR