## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000004762

Address:

City-St-Zip:

8430 BYRON AVE., APT #3

MIAMI BEACH, FL 33141

Entity Name: TRIOR JEWELRY CORPORATION

FILED Apr 28, 2004 Secretary of State

Entity Nar	ne: TRIOR JE	WELRY CORPORATION			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
C/O GABR 1985 NW 8 MIAMI, FL	88TH COURT,	SUITE 201			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O GABR 1985 NW 8 MIAMI, FL	38TH COURT,	SUITE 201			
FEI Number:	27-0028909	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1985 NW 8 MIAMI, FL		IITE 201	urnoso of changing its registered	office or registered agent, or both,	
	e of Florida.	submits this statement for the pr	urpose of changing its registered	office of registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PC () MALPICA, HEC CALLE 13 #12- BOGOTA, COLO	74, LOCAL 115	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SALCEDO, MAF CALLE 17 B 50 BOGOTA, COLO	R E39-62	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D () ALGARRA, RUE	Delete BEN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MALPICA HECTOR PC 04/28/2004