

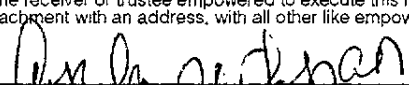


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F86965 1. Entity Name AMERICAN JEWELRY & DIAMOND EXCHANGE, INC.						FILED Mar 07, 2005 08:00 AM Secretary of State			
Principal Place of Business 7152 N. UNIVERSITY DRIVE TAMARAC FL 33321				Mailing Address 7152 N. UNIVERSITY DRIVE TAMARAC FL 33321					
2. Principal Place of Business			3. Mailing Address			1st MOORE CR2E034 (10/04)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 59-2206022			
City & State			City & State			Applied For Not Applicable			
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
ZARFJIAN, AYALA 7152 N UNIVERSITY DRIVE TAMARAC FL 33321					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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					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 NAME STREET ADDRESS CITY- ST- ZIP	P BRUCK, ELIAS 7152 UNIVERSITY DRIVE TAMARAC FL 33321				TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000254208 03/07/05-80066-005 150.00			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HART, FAYE 7152 N. UNIVERSITY DRIVE TAMARAC FL 33321				TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SWIFT, LISA 7152 N. UNIVERSITY DRIVE TAMARAC FL 33321				TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ZARFJIAN, AYALA 7152 N UNIVERSITY DR TAMARAC FL 33321				TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add			
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"/> Add			
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"/> Add			
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: 					3/3/05 984720-7955				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									