2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 25, 2005 08:00 Al Secretary of State DOCUMENT # H17722 1. Entity Name YK JÉWEL CORPORATION Principal Place of Business Mailing Address 8382 NW 64 STREET **669 SPINNAKER** MIAMI, FL 33166 WESTON, FL 33326 04212005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2437779 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ATESNAK, IRFAN DO NOT WRITE 8382 NW 64 STREET MIAMI, FL 33166 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 file if applicable (NOTE, Registered Agent signature required when remetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TILE ATESNAK, IRFAN NAME STREET ADDRESS 8382 NW 64 ST CITY-ST-ZIP MIAMI, FL 33166 VP TITLE ATESNAK, IRFAN NAME 8382 NW 64 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TIME NAME STREET ADDRESS DO NOT WRITE CITY-ST-Z#P TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 a address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR