2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # K03034 1. Entity Name 02-25-2004 90028 043 ***150.00 VERA'S EARRING DISPLAY, INC. Mailing Address Harry Rabino 301 N OCEAN BLVD **GANTIVAR** 1322 NW 104th Drive (106)POMPANO BCH FL 33062 Coral Springs, FL 33071 2. Principal Place of Business 3. Mailing Address 1322 NW 604 Suite, Apt. #, etc. CR2E034 (11/03) Harry Rabino City & State 4. FEI Number Applied For 1322 NW 104th Drive 65-0014980 CORAL Coral Springs, FL 33071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3071 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RABINO, HARRY Street Address (P.O. Box Number is Not Acceptable) 301 N OCEAN BLVD (106)POMPANO BCH FL 33062 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .. OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE Change ☐ Addition TITLE Harry Rabino NAME NAME 1322 NW 104th Drive STREET ADDRESS STREET ADDRESS Coral Springs, FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE Addition ☐ Delete THE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: Ifami HARRY RABINO.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED