

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K31147

FILED
Jan 20, 2005
Secretary of State

Entity Name: AMERICAN JEWELRY DISTRIBUTORS, INC.

Current Principal Place of Business:

9801 PINES BLVD.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9801 PINES BLVD.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0071250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPNACK, MARTIN I., PA
7880 W OAKLAND PARK BLVD
SUITE 300
FORT LAUDERDALE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALVIN, MARK,
Address: 9801 PINES BLVD.
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALVIN, MARK,
Address: 9801 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Change (X) Addition
Name: MALVIN, JEFF,
Address: 9801 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33024

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.

SIGNATURE: MARK MALVIN

P

01/20/2005

Electronic Signature of Signing Officer or Director

_____ Date