
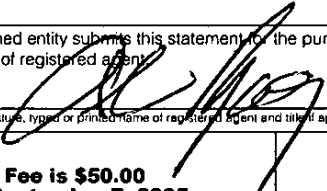
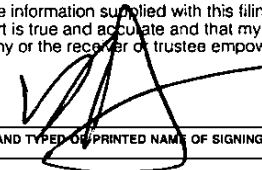


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 20 AM 10:28

DOCUMENT # L04000007431			
1. Entity Name DAED JEWELS, LLC			
Principal Place of Business 4040 NE 2ND AVE, STE 410 MIAMI, FL 33137		Mailing Address 4040 NE 2ND AVE, STE 410 MIAMI, FL 33137	
2. Principal Place of Business 14 NE 1st Ave., Suite 202 Miami FL		3. Mailing Address 14 NE 1st Ave. Suite, Apt. #, etc. Suite 202 City & State Miami FL	
Zip 33132 Country USA		Zip 33132 Country USA	
4. FEI Number 30-0654780		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  GAY, JOHN L JR JFG FINANCIAL SERVICES, LLC 2351 NW 196TH ST MIAMI, FL 33056		7. Name and Address of New Registered Agent  Name AL Ramirez Street Address (P.O. Box Number is Not Acceptable) CONSULTANT ETC, INC 11348 SW 158 PL. City Miami FL Zip Code 33196	
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  AL Ramirez		DATE 9/7/05	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME P STREET ADDRESS 4040 NE 2ND AVE, STE 410 CITY-ST-ZIP MIAMI, FL 33137	<input type="checkbox"/> Delete 14 NE 1st Ave #202 33132	TITLE NAME VP STREET ADDRESS 14 NE 1st Ave #202 CITY-ST-ZIP Miami FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Pierre. STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME VP STREET ADDRESS 14 NE 1st Ave #202 CITY-ST-ZIP Miami FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME Tmarquetti, Janet STREET ADDRESS 14 NE 1st Ave #202 CITY-ST-ZIP Miami FL 33132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Addition
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"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 9/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

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09/20/05-01000-REP1 \*\*55.00  
REINSTATEMENT 2005