FILED 2006 FOR PROFIT CORPORATION Jan 12, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # L80352 1. Entity Name LEJEUNE ROAD JEWELERS EXCHANGE CORP. II Mailing Address Principal Place of Business % HARVEY KORNFELD % HARVEY KORNFELD 831 N.W. 42ND AVENUE 831 N.W. 42ND AVENUE MIAMIL FL 33126 MIAMI, FL 33126 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number Not Applicable 65-0222406 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE KORNFELD, HARVEY 831 N.W. 42ND AVE. MIAMI, FL 33126 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Abent signature required when reinstaling) U0000038447 -80012-015 158.75 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVSD** DILE KORNFELD, HARVEY NAME STREET ADDRESS 831 N.W. 42 AVE MIAMI, FL CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it made under oath; that I am an officer or direction of the occupration or the receiver or trustee an powered to get but it is report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an accurate like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR OFFICER OF

1-9-06 305-643-46