2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # M10511 1. Entity Name 04-12-2004 90677 008 ***150.00 H & L WHOLESALE JEWELRY, INC. Principal Place of Business Mailing Address 9864 S.W. 40TH STREET MIAMI FL 33165 9864 S.W. 40TH STREET MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2486045 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROZIO, LEON JOSE Street Address (P.O. Box Number is Not Acceptable) .6536 S.W. 22ND ST. MIAMI FL 33155 Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME ROZIO, TANIA ANGELA NAME 6536 S.W. 22ND ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP PD TITLE Delete ☐ Change ☐ Addition NAME JOSE, ROZIO L STREET ADDRESS 6536 SW 22ND ST STREET ADDRESS CITY-ST-7IP MIAM! FL CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change Addition NAMF. GARCIA, MARIA L- -NAME GARCIA MARIA L. STREET ADDRESS 8500 NW 166TH TERR STREET ADDRESS 8500 N.W. 166 TH-TERR. MIAMI LAKES FI- 33016 CITY-ST-ZIP MIAMI FL 33016 CITY-ST-7IP TIT1 F ☐ Delete **Addition** TITLE Change NAME NAME TIMOTED H. GARCIA STREET ADDRESS STREET ADDRESS 8500 N.W. 166 TH. TERR. CITY-ST-ZIP CITY-ST-ZIP MIAMILAKES FI. Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE/

4/08/04 305·223-97-/D
Date Daytime Phone *

FILED