
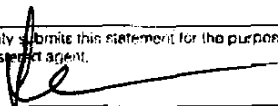
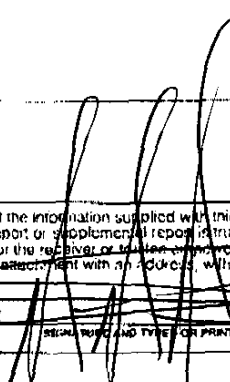


Apr-26-2005 6:04PM

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

# FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90471 044 \*\*\*150.00

<b>DOCUMENT # M28834</b>			
1. Entity Name <b>H. &amp; H. JEWELS, INC.</b>			
Principal Place of Business <b>3434 MAIN HIGHWAY COCONUT GROVE, FL 33133 US</b>		Mailing Address <b>3434 MAIN HIGHWAY COCONUT GROVE, FL 33133 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suff. Apt # etc.		Suff. Apt # etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HELLMAN MAYNARD J. 1100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>		Name: <b>Craig B. Shapiro, ESQ. ARAJ Correa Guarch + SHAPPEL, P.A.</b> Street Address (P.O. Box Number is Not Acceptable): <b>710 S. Dixie Highway</b> City: <b>Coral Gables</b> FL Zip Code: <b>33146</b>	
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: 		Name: <b>Craig B. Shapiro, ESQ.</b> DATE: <b>4/28/05</b>	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOT Registered Agent signature received when registering)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>BREDEMEIER, HERMANN H 3434 MAIN HIGHWAY COCONUT GROVE, FL 33133</b> <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
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
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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
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 appointed to execute the 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 empowers.			
SIGNATURE: 		Name: <b>Hermann H. Bredemeier</b> Date: <b>305-442-9762</b>	
SIGNATURE, typed or printed name of signing officer or director		Date Daytime Phone #	