

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # M36173			
1. Entity Name ALO JEWELERS, INC.			
Principal Place of Business 5195 OVERSEAS HWY MARATHON SHOPPING CENTER MARATHON, FL 33050		Mailing Address C/O KENDALL BUSINESS SERVICES 13780 SW 56 ST., #104 MIAMI, FL 33175	
DO NOT WRITE IN THIS SPACE			
		02072004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2699862	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
ALO, ORLANDO 5195 OVERSEAS HWY MARATHON, FL 39050		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALO, ORLANDO 5195 OVERSEAS HWY MARATHON, FL	 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALO, SOPHIA 5195 OVERSEAS HWY MARATHON, FL		
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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.			
SIGNATURE: <i>Sophia Alo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-11-04 Date	305743-9383 Daytime Phone #