## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 29, 2004 08:00 AM Secretary of State

| 1. Entity Nam<br>D'ALONS   | O JEWELERS,INC.  |   |    | Secretary of State  |
|--|--|---|----|---|
| 286 MIRACL   | e of Business<br>E MILE<br>ES, FL 33134                                  | Mailing Address 286 MIRACLE MILE CORAL GABLES, FL 33134 |    |   |
| DO NOT WRITE IN THIS SPACE   |  |   | CE | 04222004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 65-0005026 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required |
| ALONSO, DOMINGO<br>9240 SW 34TH ST<br>MIAMI, FL 33165  |  |   |    | DO NOT WRITE<br>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  Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstalling)  DATE  FILE NOWIL! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May 8e   |  |   |    |   |
| After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  |  |   |    |   |
| 10.<br>Hile<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | OFFICERS AND DI<br>DP<br>ALONSO, DOMINGO<br>9240 SW 34TH ST<br>MIAMI, FL | RECTORS   |    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |    | U00000140716<br>04/29/04-80171-023 150.00   |
| TIPLE NAME STREET ADDRESS CITY-ST-ZIP  |  | <u></u>   |    | DO NOT WRITE  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <u> </u>  |    | IN THIS SPACE   |
| TITLE<br>HAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |    |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |    |   |
| 12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report agreed 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 plucther like empowered. |  |   |    |   |