

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 04, 2005  
Secretary of State**

DOCUMENT# M92391

Entity Name: TALABART & JEWELS, INC.

**Current Principal Place of Business:**

2101 NW 93RD AVENUE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 520149  
MIAMI, FL 33152 US

**New Mailing Address:**

FEI Number: 65-0184487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE LA OSA & ASSOCIATES P.A.  
5001 SW 74TH CT  
SUITE 202  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: GOCENDE, MANUEL S  
Address: 2101 NW 93RD AVENUE  
City-St-Zip: MIAMI, FL 33172 US

Title: VD ( ) Delete  
Name: GOCENDE, MANUEL S  
Address: 2101 NW 93RD AVE.  
City-St-Zip: MIAMI, FL 33172

Title: V ( ) Delete  
Name: GOCENDE, MARIA A  
Address: 2101 NW 93RD AVE.  
City-St-Zip: MIAMI, FL 33172

Title: S ( ) Delete  
Name: GOCENDE, MARICEL  
Address: 2101 NW 93RD AVENUE  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARICEL GOCENDE

S

01/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date