


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

06/28/04 01063 026 **165.00

DOCUMENT # P00000006015	
1. Entity Name FRANK KING JEWELERS, INC.	

Principal Place of Business 11401 PINES BOULEVARD PEMBROKE PINES, FL 33026	Mailing Address 11401 PINES BOULEVARD PEMBROKE PINES, FL 33026
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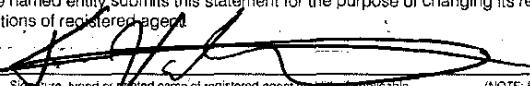
2. Principal Place of Business 6385 SHERIDAN ST.	3. Mailing Address 6385 SHERIDAN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33024	Country BROWARD



04262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1059366	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 VALERIANO, FRANK 6850 SCOTT ST HOLLYWOOD, FL 33024	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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  DATE **4/27/04**

Signature, typed or printed name of registered agent and when applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALERIANO, FRANK		NAME VALERIANO, FRANK	
STREET ADDRESS 6850 SCOTT STREET		STREET ADDRESS 6850 SCOTT STREET	
CITY-ST-ZIP HOLLYWOOD, FL 33024		CITY-ST-ZIP HOLLYWOOD, FL 33024	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALERIANO, CAROLINA		NAME VALERIANO, CAROLINA	
STREET ADDRESS 6850 SCOTT STREET		STREET ADDRESS 6850 SCOTT STREET	
CITY-ST-ZIP HOLLYWOOD, FL 33024		CITY-ST-ZIP HOLLYWOOD, FL 33024	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  DATE **4/27/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR