2005 FOR PROFIT CORPORATION __ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # P0000014449 1. Entity Name H & S JEWELRY INC.							Se	cretary	of of	State	
Principal Place of Business _ Mailing Address											
55 NE FIRST	r st		55 NE FIRST ST								
STE 3 MIAMI, FL 3	33132		STE 3 MIAMI, FL 33132				IKA DUNIY NURSII KUKIN DUNIK DUNIK	IT MORPO TROUT GROUN DECE	li Bible ibi	U la cia a ca l	
			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt #, etc.			04192005	· · · · · · · · · · · · · · · · · · ·	CR2E034 (
City & State Zip Country			City & State Zip Country			4. FEi Numb			No	plied For t Applicable	
Zip	Lour	ntry	Zip		try	5. Certificate of Status Desired See Required Fee Required					
	6. Name and Ad	idress of Current Reg	istered Agent			7. Name an	d Address of New R				
HAIMON	ICAL		Name								
HAIMOV, IGAL 35 NE 1ST STREET			Street Address			P.O. Box Number is Not Acceptable)					
MIAMI, FL 33132 =			-·····································			**					
			•		City		<u> </u>	FL 2	ip Code	,	
8. The above the obligat	named entity submit	ts this statement for the ent.	purpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of Flo	,	ar with, a	and accept	
SIGNATURE.	Clearly and a self-	name of registered agent and titl			Agent signature require	<u> </u>					
FIL After M	E NOW!!! FEE I	<u> </u>	9. Election Campaig	n Finan	cing\$5	5.00 May Be		DATE			
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS	I /CHANGES TO OFFI	CERS AND DIRE	CTORS	IN 11	
TITLE	VD		☐ Delete □ TITLE		ľ				Change	Addition	
NAME STREET ADDRESS	RUBINOV, HAÑA 35 NE 1ST STRE	NAME SIREET ADDRESS						1			
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP									
TITLE	PD		☐ Delete	TITLE					hange	☐ Addition	
NAME STREET ADDRESS	HAIMOV, IGAL 85 NE 1 STREET	•		NAME STREET ADDRESS			1000003	28568			
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP		U00000328568 04/25/05-80081-008 150.00						
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NAME			☐ Delete	TITLE NAME				□ c	ពងបលិទ	☐ Addition	
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP	matter than a second of	Alan arang Panaran Sarah	Silver days and the silver sil	CITY-S							
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.											
SIGNAT	URE:	URE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OF	R DIRECTO	n gris	Ant	4-19-0	گرار Daylimo P	hone #		
			<u> </u>		// 	;	- 1				