## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR) DOCUMENT # P00000091188 1. Entity Name THE A GROUP HOLDINGS, INC.

## **FILED** Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90294 029 \*\*\*150.00

Suite, Apt. P. etc.    A. FEI Number   Se-1043051   Applicable   Pro-Property   S. Certificate of Status Desired   Sa. 73 Administration   Sa. 73 Administration   Sa. 73 Administration   Sa. 73 Administration   Sa. 74 Administratio												
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Suite. Apt. #. etc.  Application  Appli			4 P.O. BOX MIAMI PI	P.O. BOX 630626 MIAMIPL 33163 PLEASE CHANGE				Sanorain				
Suries Apt #, etc.    Suries Apt #, etc.   Suries Apt #, etc.   Suries Apt #, etc.   Suries Apt #, etc.   A. FE Number 65-1043051   No. Applicables   No. Ap					\ \	<i>y</i> 						
Suite. Apt. #. etc.  City & State  City & St												
Second	Suite, Apt. a	#, etc.						MOORE CR2E034 (11/03)				
S. Certification of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  AZIZI, MICHAEL C/O THE DOLPHIN JEWELRY EXCHANGE, LLC 11401 N.W. 121H STREET, STORE #454 MIAMI FL 33172  City FL Zip Codo  City Fl Zip	City & State	3					4. F	GE 10400E1				
AZIZI, MICHAEL C/O THE DOLPHIN JEWELRY EXCHANGE, LLC 11401 N.W. 12TH STREET, STORE #454 MIAMI FL 33172  City FL Zip Code  Signature Special received agent, or both, in the State of Ficridia. I am familiar with, and acceptable)  Part His May 1, 2004 Fee will be \$550.00  Added to Fees  Be Election Campaign Financing Trust Flank Contribution.  City FL Zip Code  City FL Zip Code  Signature Special received agent, or both, in the State of Ficridia. I am familiar with, and acceptable  Signature Special received agent, or both, in the State of Ficridia. I am familiar with, and acceptable  Be Election Campaign Financing Trust Flank May 1, 2004 Fee will be \$550.00  Signature Special received agent, or both, in the State of Ficridia. I am familiar with, and accept the Addition	Zip	Country	1	·			5. 0					
AZIZI, MICHAEL C/O THE DOLPHIN JEWELRY EXCHANGE, LLC LITY IN W. 12TH STREET, STORE #454 MIAMI FL 33172  City FL Zip Code  Lity FL Zip Code		6. Name and Address of					7. N	lame and Address of New Reg	istered Ag	jent		
C/O THE DOLPHIN JEWELRY EXCHANGE, LLC 11401 N.W. 12TH STREET, STORE #454  II. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of Fiorida agent, and accept the obligation of Fiorida agent, and accept the obligation of Fiorida agent.  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.			مجازية محصوبهم بنواني			Name				2		
MIAMI FL 33172  City FL Zip Code  I. The above named entity submissible statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Term familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Term familiar with, and accept the purpose of registered agent, or both, in the State of Florida.    P	C/O 1140	THE DOLPHIN JEWE 1 N.W. 12TH STREE	ELRY EXCHANG T, STORE #454	iE, LLC		Street Addres	ss (P.O. B	Box Number is Not Acceptable)				
the obligations of registered agent.    IGNATURE	MIAI	MI FL 33172				City			FL	Zip Code	,	
the obligations of registered agent.    IGNATURE	8. The above	named entity submits this state	ement for the purpose	of changing its	registere	d office or regis	stered ag	ent, or both, in the State of Florid		1 miliar with, r	and accept	
FILE NOW!!! FEE is \$150.00  After May 1; 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  O OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  RE AZIZI, MICHAEL  11401 NW 127TH STREET #454  TITLE MAKE  ITHE M	the obligati			gg	3		3				,	
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		Lertify that the information supp	plied with this filing do	es not qualify fo			Section	119.07(3)(i), Florida Statutes. I fi	urther certi	fy that the ir	formation	

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:** 

786-200-2875