


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000102654

1. Entity Name
MIAMI JEWELRY EXCHANGE CORPORATION



Principal Place of Business
55 NE 1ST. STREET, #12
MIAMI, FL 33132

Mailing Address
55 NE 1ST. STREET, #12
MIAMI, FL 33132



02202004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-1055269

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AMINOV, ABRAM
55 NE 1ST. STREET, #12
MIAMI, FL 33132

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMINOV, ABRAM 4320 ADAMS AVE. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AMINOV, GEORGE 4320 ADAMS AVE. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AMINOV, MANI 4320 ADAMS AVE. MIAMI BEACH, FL 33140
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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 correct, 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: *X*  **MIKE AMINOV** 3/9/04 3053739898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____