


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000102654

1. Entity Name
MIAMI JEWELRY EXCHANGE CORPORATION



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1055269 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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMINOV, ABRAM
STREET ADDRESS	4320 ADAMS AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	V
NAME	AMINOV, GEORGE
STREET ADDRESS	4320 ADAMS AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	T
NAME	AMINOV, MANI
STREET ADDRESS	4320 ADAMS AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/12/05-80001-005 558.75

**DO NOT WRITE
IN THIS SPACE**

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: Mani Aminov Mani Aminov 8/30/05 (305) 374-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #