
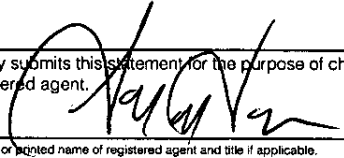
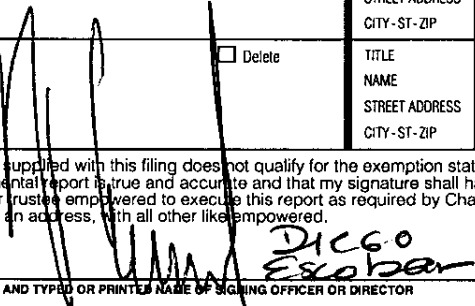


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90147 010 \*\*\*150.00

<b>DOCUMENT # P01000020893</b> 1. Entity Name <b>JEWELRY &amp; DESIGN TRADE INC.</b>					
Principal Place of Business <b>520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131</b>			Mailing Address <b>520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>14 NE 1st Ave</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>Suite 803</b>		Suite, Apt. #, etc. 			
City & State <b>Miami</b>		City & State 		4. FEI Number <b>52-2304837</b>	
Zip <b>FL 33132</b>		Zip 		Country 	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>TRANSGLOBAL CORPORATE ADMINISTRATION INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent <b>Transglobal Corp. Admin LLC 520 Brickell Key Dr. Suite 0-305 Miami FL 33131</b>		
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: <b>4/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, DIEGO 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, JAIME IGNACIO 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, ALVARO 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, JAIME 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>4/23/04</b> TIME: <b>306</b> PHONE: <b>3743800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					