2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # P01000029 EWELRY, INC.	553		04-30-2004 90281 046 ***150.00	
Principal Place of Business 2612 SAWGRISS MILLIEU 2612 SAWGRISS MILLIEU 41514 5500 Hollywood Blvd STE #19 960 Nauti Ca Drive SHORE # K618. 3302/ 2. Principal Place of Business 5800 Hollywood Blvd 3. Mailing Address 960 Nautica Drive					
5-800 Suite, Apt.	HOILY WOOD BIVE	960 A Suite, Apt. #, etc.	vautica ol	01222004 Chg-P CR2E034 (10/03)	
City & Stat	ywood FL	City & State WESTS	ON FL	4. FEI Number Applied For 65-1088053 Not Applicable	
Zip 334	Country FL	!	Country FL	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name RULL DE-TER		
BYUN, PETERS 423 STONEMONX DRIVE FT. LAUDERDALE, FL 33326 Changes WESTON FL Other BYUN, PETER Street Address (P.O. Box Number is Not Acceptable) 960 Nautica Di Other Changes				·	
Changes WESTON FL 33327				Nautica Dr eston FL Zip Code	
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. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Vised or provided name of registered agent and late It applicable. It (NOTE: Registered Agent signature required when revisitating) 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.	PSD OFFICERS AND	DIRECTORS	11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD 12 Change 1 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BYUN, PETER S 423 STONEMONT DR. FORT LAUDERDALE, PL 93326		NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TER SBYUN FOO HOLLYWOOD BIVE HOLLYWOOD FL 33021	
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS City-St-Zip		Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		े • □ Oelete ~ • • • • • • • • • • • • • • • • • •	NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling 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.					