06/01/2004 16:15 3053739731 LERMAN & LERMA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State
06-04-2004 90002 038 ***550.00

DOCUMENT # P01000032288

1. Entity Name
FACTORY DIRECT JEWELRY, CORP.

Principal Place of Business	Mailing Address
14 NE 1ST AVENUE SUITE 1103 MIAMI, FL 33132	14 NE 1ST AVENUE SUITE 1103 MIAMI, FL 33132
2. Principal Place of Business: 12700 BISCAYNE BLVD	3. Mailing Address: 12700 BISCAYNE BLVD
Suite, Apt. #, etc.: 400	Suite, Apt. #, etc.: 400
City & State: NORTH MIAMI	City & State: NORTH MIAMI
Zip: 33181 Country: USA	Zip: 33181 Country: USA

06012004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1091883 — Applied For / Not Applicable

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
LERMAN, CARLOS D ESQ. 2611 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) City 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. 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 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELBARD, FLAVIO 14 NE 1ST AVENUE SUITE 1103 MIAMI, FL 33132 ☐ 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: FLAVIO GELBARD 6/2/2004 (305)893-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #