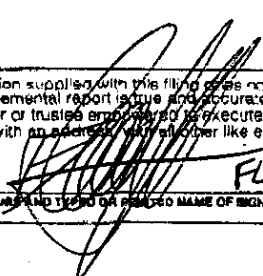


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90002 038 ***550.00

DOCUMENT # P01000032288			
1. Entity Name FACTORY DIRECT JEWELRY, CORP.			
Principal Place of Business 14 NE 1ST AVENUE SUITE 1103 MIAMI, FL 33132		Mailing Address 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
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 LERMAN, CARLOS D ESQ. 2611 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!! FEE IS \$350.00 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	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
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, name or other like empowered.			
SIGNATURE:  FLAVIO GELBARD		6/2/2004 (305) 893-9981	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Certification	