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Secretary of State
04-29-2004 90313 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000047186

1. Entity Name
BABYLON JEWELRY, INC.

Principal Place of Business
3620 N STATE ROAD 7
LAUDERDALE, FL 33319

Mailing Address
3620 N STATE ROAD 7
LAUDERDALE, FL 33319

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1842 N UNIVERSITY DR	
Suite, Apt. # etc.	Suite, Apt. # etc
City & State: PLANTATION, FL	City & State
Zip: 33322 Country: USA	Zip Country

4. FEI Number 03-0434377 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURTADA, DHIYAA
3620 N STATE ROAD 7
LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent

Name: MURTADA HAIDER
Street Address (P.O. Box Number Is Not Acceptable): 1842 N UNIVERSITY DR
City: PLANTATION FL Zip Code: 33322

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 [signature] (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 04-26-04

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. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MURTADA, HAIDER A	NAME	
STREET ADDRESS	3620 N STATE ROAD 7	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE, FL 33319	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 04-26-04 — Daytime Phone # (954) 888-7704