2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 03, 2004 8:00 am Secretary of State DOCUMENT # P03000083830 08-03-2004 90009 038 ***150.00 SIMPLY ELEGANT JEWELRY, INC. Principal Place of Business Mailing Address 9895 SAVONA WINDS DRIVE 9895 SAVONA WINDS DRIVE DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 2. Principal Place of Business 3. Mailing Address Suite Ant #. etc. Suite, Apt. #, etc. 07012004 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 20-01278 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALCOLM H KAHL, P.A. Street Address (P.O. Box Number is Not Acceptable) 2929 E COMMERCIAL BLVD, #702 FT LAUDERDALE, FL 33308 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. **PVT** ☐ Delete TITLE Change : ■ Addition TITLE KAHL, JERRI E NAME MARKE 9895 SAVONA WINDS DRIVE 4880 N:CITATION DR #104 STREET ADDRESS STREET ADDRESS DelRAYBEACH, F1. 33446 DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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 ☐ Delete TITLE Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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

FILED