


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

|  |  |                                 |  |  |          |
|--|--|---------------------------------|--|--|----------|
| <b>DOCUMENT # P03000083911</b>   |  |                                 |  |                       |          |
| <b>1. Entity Name</b><br>HAIMOV JEWELERS INC.  |  |                                 |  |  |          |
| <b>Principal Place of Business</b><br>33 N E 1ST STREET<br>MIAMI, FL 33132   |  |                                 | <b>Mailing Address</b><br>33 NE 1ST STREET SUITE 104<br>MIAMI, FL 33132  |  |          |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>       |  |  |          |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |  |  |          |
| City & State   |  | City & State                    |  | <b>4. FEI Number</b><br>54-2121676   |          |
| Zip  |  | Country                         |  | Applied For<br>Not Applicable  |          |
| Zip  |  | Country                         |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |          |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CIMENT, NORMAN ESQ<br>407 LINCOLN ROAD STE 704<br>MIAMI BEACH, FL 33139  |  |                                 | <b>7. Name and Address of New Registered Agent</b>   |  |          |
| Name   |  |                                 | Name   |  |          |
| Street Address (P.O. Box Number is Not Acceptable)   |  |                                 | Street Address (P.O. Box Number is Not Acceptable)   |  |          |
| City   |  |                                 | City   |  | State    |
| Zip Code   |  |                                 | State  |  | Zip Code |
| <b>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.</b>   |  |                                 |  |  |          |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)   |  |                                 |  |  |          |
| Signature typed or printed name of registered agent and title if applicable _____ DATE _____   |  |                                 |  |  |          |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>  |  |                                 | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |          |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>HAIMOV, ALEX<br>33 NE 1ST STREET SUITE 104<br>MIAMI, FL 33132  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>HAIMOV, IGAL<br>33 NE 1ST STREET SUITE 104<br>MIAMI, FL 33132 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | U00000325289<br>04/23/05-80010-008 150.00  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV<br>HAIMOV, JAY<br>33 NE 1ST STREET SUITE 104<br>MIAMI, FL 33132   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty)  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |          |
| <b>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.</b> |  |                                 |  |  |          |
| <b>SIGNATURE:</b> _____  |  |                                 | Date: 4/20/05  |  |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |                                 | Daytime Phone #  |  |          |