


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90004 009 ***558.75

DOCUMENT # P03000109669

1. Entity Name
ART & STYLES JEWELERS, INC.



Principal Place of Business 608 NE 23RD AVE #01 POMPAÑO BEACH, FL 33062	Mailing Address 608 NE 23RD AVE #01 POMPAÑO BEACH, FL 33062
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54072442



2. Principal Place of Business 1500 W. COPANS RD Suite, Apt. #, etc. BUILDING C # 20	3. Mailing Address 2555 NE 17TH STREET Suite, Apt. #, etc.
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09082004 Chg-P CR2E034 (10/03)

City & State POMPAÑO BEACH, FLORIDA	City & State POMPAÑO BEACH, FLORIDA	4. FEI Number 56-2403302	Applied For Not Applicable
Zip 33064	Country US	Zip 33062	Country US

5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RODRIGUEZ, WILLIAM
 608 NE 23RD AVE
 #01
 POMPAÑO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, WILLIAM**
 Street Address (P.O. Box Number is Not Acceptable)
2555 NE 17TH STREET
 City **POMPAÑO BEACH** FL Zip Code **33062**

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]* DATE: **09-08-04**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, WILLIAM <input type="checkbox"/> Delete 608 NE 23RD AVE #01 POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2555 NE 17TH STREET POMPAÑO BEACH, FLORIDA 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* (PRESIDENT) 09-08-04 (954)532-0634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #