## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # P0400046486  1. Entity Name JOSHUA JEWELRY, INC.							04-28-2005 90	0180 021 ***150.	00
Principal Place 3015 NW 79 MIAMI, FL 33	TH ST #D49		Mailing Address 3015 NW 79TH ST #D49 MIAMI, FL 33147						
Militarii, I E. J.	3147		tenruen, 1 C 33 (4)				1 <b>69 ill 61 9</b> 14 <b>ku</b> kil <b>69</b> kil <b>61</b>	JAKA BURKI BIBIN BIKU BIRUU KANA !	<b>.</b> <b>.</b>
2. Principal P	lace of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03)	)
City & State			City & State			4. FEI Numb	84-164	16878	Applied For
Zip	Zip Country		Zip	Zip Country			of Status Desired	S8.75 Ac	
	6. Name	and Address of Currer	nt Registered Agent	<del></del> -		7. Name and	Address of New	Registered Agent	
AN, SEUN	G-SUK				Name				
3015 NW 7 MIAMI, FL	79TH ST #	fD49			Street Address (P.O. Box Number is Not Acceptable)				
				City		<del></del>	<del></del>	<b>□</b>	de
8. The above	named entit	v submits this statement	for the purpose of changing it		tered agent, or bo	oth, in the State of F	<u> </u>		
8. The allowe 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 princed factive of registered agent and use if approaches. (NOTE: Registered Agent signature required when reinstating)  CATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10. TITLE	PS	OFFICERS AN	D DIRECTORS  Delete	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	<u> </u>
NAME					F			Change	Addition
STREET ADDRESS City-St-7/P	6119 SW 194TH AVE PEMBROKE PINES, FL 33332				ET ADDRESS ST-ZIP	341 Sh	184 b	uay 10-29	
TITLE			☐ Delete	TITLE	E			☐ Change	Addition
NAME STREET ADORESS				NAM STR					
CITY-ST-ZIP				CITY	-SI-ZIP				
TITLE NAME			Delete	TITU. Nam	1			☐ Change	☐ Addition
STREET ADDRESS	ADDRESS				EET ADDRESS				
CHY-SI-ZIP					-S1-ZIP	····			
TITLE NAME			Delete	Tite: Nam	- 1			☐ Change	Addition
STREET ADDRESS				STRE	ET ADDRESS				
CITY-ST-ZIP		······································	***************************************		-ST-ZIP	<del></del>			——————————————————————————————————————
TITLE NAME			☐ Delete	TITLE NAM	l l			Change	Addition
STREET ADDRESS CITY-ST-ZIP				•	ET ADDRESS -ST-ZIP				
THTLE		·· <del>····</del>	☐ Delete	1018				Change	Addition
NAME STREET ADDRESS				MAN 2012	ET ADDRESS				
CITY-ST-ZIP					-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 coproration 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.									
cnangea,	or on an atta	conment with an address	, with all other like empowered	l. ,				1	
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						·····	<u>4725</u>	Daylette Phone #	
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