

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065086

FILED
Apr 28, 2005
Secretary of State

Entity Name: OSCAR WOLFF JEWELRY, INC.

Current Principal Place of Business:

36 NE 1ST STREET
SUITE 529
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

36 NE 1ST STREET
SUITE 529
MIAMI, FL 33132

New Mailing Address:

FEI Number: 56-2457240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL CACERRES & ASSOCIATES, INC.
601 SW 57TH AVENUE
SUITE H
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

GIL & CACERES & ASSOCIATES, INC.
601 SW 57TH AVENUE
SUITE H
MIAMI, FL 33144 US

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.

SIGNATURE: NELLY GIL

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WOLFFF, OSCAR
Address: 36 NE 1ST STREET SUITE 529
City-St-Zip: MIAMI, FL 33132

Title: VTD () Delete
Name: WOLFF, FABIOLA JES D
Address: 36 NE 1ST STREET SUITE 529
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WOLFF, OSCAR
Address: 36 NE 1ST STREET SUITE 529
City-St-Zip: MIAMI, FL 33132

Title: VTD (X) Change () Addition
Name: WOLFF, FABIOLA D JESUS
Address: 36 NE 1ST STREET SUITE 529
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR WOLFF

PSD

04/28/2005

Electronic Signature of Signing Officer or Director

Date