


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90020 014 \*\*\*150.00

<b>DOCUMENT # P05000113043</b>	
1. Entity Name <b>A &amp; G DIAMOND JEWELRY INC.</b>	

Principal Place of Business <b>16500 COLLINS AVE, SUITE 1252 SUNNY ISLES BEACH FL 33160</b>	Mailing Address <b>16500 COLLINS AVE, SUITE 1252 SUNNY ISLES BEACH FL 33160</b>
<b>3291 W Sunny Isles Blvd</b>	

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>FT Lauderdale FL</b>	City & State	4. FEI Number <b>54-2174136</b>	Applied For Not Applicable
Zip <b>33311</b>	Country <b>USA</b>	Zip	Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent <b>PINHASOV, GARY 16500 COLLINS AVE, SUITE 1252 SUNNY ISLES BEACH FL 33160</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and like it applicable.

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>PINHASOV, BORIS</b> <b>16500 COLLINS AVE, SUITE 1252</b> <b>SUNNY ISLES BEACH FL 33160</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Gary Pinhasov 3-1-06 954-581-0220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #