


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90024 005 ***150.00

DOCUMENT # P34110

1. Entity Name
TIAC DIAMOND AND JEWELRY BROKERAGE, INC.



Principal Place of Business
**15207 N DALE MABRY
 TAMPA, FL 33618 US**

Mailing Address
**15207 N DALE MABRY
 TAMPA, FL 33618 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

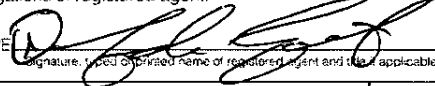
01122004 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent
**EPSTEIN, ADAM N
 6135 SAVORY CIRCLE
 LUTZ, FL 33558**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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  **PRISIDENT** DATE **2-28-04**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P EPSTEIN, ADAM	8649 N HIMES	TAMPA, FL 33614	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ADAM EPSTEIN PRES	15034 DEER MEADOW DR	LOT 2 71 33559	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VP EDWARD E. EPSTEIN	6135 SAVORY CIRCLE	LUTZ FL 33558	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SECY LESLEY C EPSTEIN	6135 SAVORY CIRCLE	LUTZ FL 33558	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:  **PRISIDENT** DATE **2-28-04** DAYTIME PHONE # **8139628555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR