2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # P93000018210 AMR JEWELERS, INC. Principal Place of Business Mailing Address 7480 W COMMERCIAL BLVD 7480 W COMMERCIAL BLVD SUITE 31 SUITE 31 FT LAUDERDALE, FL 33319 FT LAUDERDALE, FL 33319 CR2E034 (10/03) 01052005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0396457 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE RETTEEN, ALAN 7480 W COMMERCIAL BLVD **STE 31** IN THIS SPACE FT LAUDERDALE, FL 33319 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, typed or printed name of registered agent and trile if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TTLE RETTEEN, ALAN NAME 7480 W COMMERCIAL BLVD #31 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33319 U00000284181 04/01/05-80057-012 150.00 MLE D RETTEEN, ALAN NAME 7480 W COMMERCIAL BLVD #31 STREET ADDRESS FORT LAUDERDALE, FL 33319 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 corporation or the receiver for trustee empowered to execute this report as required by Chapter 807, 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:

STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR