2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000047344

1. Entity Name



FILED Feb 26, 2003 8:00 am Secretary of State

DESIGNERS TOUCH JEWELRY O		TY, INC.		02 20 2005	J0136 041	130.00
Principal Place of Business 7500 W COMMERCIAL BLVD LAUDERHILL FL 33319 Mailing Address 7500 W COMMERCIAL BLVD LAUDERHILL FL 33319			I I SANSOL I I O (PAL) Gran Gold Gold Gold Gold Gold Gold Gold Gold			
2. Principal Place of Business 7480 W. CONHERLIAL BLVD Suite, Apt. #, etc.	3. Mailing Address 7 Y 80 W - LOF Suite, Apt. #, etc.	7480 W. COMMERCIAL BLVD		CHECK HERE IF MAKING CHANGES		
City & State LAUDERHIU, FL	City & State LAUDERHILL, FL		4. FEI Number 65-0501263		Applied For	
33319 Country BROWNED	Zip 33319	Country BROWAR	יבי	5. Certificate of Status Desired		Not Applicable Additional quired
6. Name and Address of Curre	nt Registered Agent	Nar	me	7. Name and Address of New F	Registered Agent	
BERMAN, ALLEN						
7500 W COMMERCIAL BLVD LAUDERHILL FL 33319		Stre Z	eet Address (F 190 W	P.O. Box Number is Not Acceptable **EO MMERCIAL BLV	*) *D	
8. The above named entity submits this statement	for the annual control	City	IAIIMO	RHILL	FL Zig	Code 33/9
The above named entity submits this statement the obligations of registered agent. SIGNATURE SIGNATURE	for the purpose of changing (its registered offic	e or registere	ed agent, or both, in the State of Flo	rida. I am familiar v	vith, and accept
. Signature, typed or printed name of registered age	nt and title if applicable. (NC	OTE: Registered Agent s	signature required v	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department) of State	•		Election Campaign Fin Trust Fund Contribution	ancing \$	5.00 May Be
10. OFFICERS AN	1	11.	-			
TITLE D NAME BERMAN, ALLEN STREET ADDRESS 7500 W COMMERCIAL BLVD	☐ Delete	TITLE NAME	- 4	ADDITIONS/CHANGES TO OFFI	☐ Chan	
CITY-ST-ZIP FT LAUDERDALE FL 33319		STREET ADDRE	7 7	80 W. COMMERCIA 40ERHILL, FL 333	19	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRES CITY- ST- ZIP	SS		☐ Chang	ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s		☐ Changi	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment vitor and address supplemental reports.	this tiling thes not qualify for true and accurate and that may be seen to execute this veport a virth all other like empowered.	as required by Ch	tated in Section have the san napter 607, Fl	on 119.07(3)(i), Florida Statutes. I funde legal effect as if made under oat lorida Statutes; and that my name a	ppears in Block 10	information er or director or Block 11 if