


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000036943</b> 1. Entity Name <b>CARROLL'S JEWELERS OF CORAL GABLES, INC.</b>	
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Principal Place of Business <b>365 MIRACLE MILE CORAL GABLES, FL 33134</b>	Mailing Address <b>365 MIRACLE MILE CORAL GABLES, FL 33134</b>
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0660014</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STRICKROOT, JOHN C 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131</b>
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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.

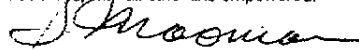
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating.)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MOORMAN, STEPHAN J 365 MIRACLE MILE CORAL GABLES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>MOORMAN, JOY ANN 365 MIRACLE MILE CORAL GABLES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MAY, CHARLES 365 MIRACLE MILE CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	Date <b>2-6-04</b>	Daytime Phone # <b>305 446 1611</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		