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

if changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

FILED DOCUMENT # P96000053468 Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name R & J JEWELERS, INC. Principal Place of Business Mailing Address 3300 NE 192ND ST #205 PO BOX 1804 N MIAMI BEACH FL 33180 HALLANDALE FL 33008 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FÉI Number Applied For 65-0761733 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERKOWITZ, ROBERT Street Address (P O. Box Number is Not Acceptable) 3300 NE 192ND ST #205 N MIAMI BEACH FL 33180 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent argnature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERKOWITZ, ROBERT NAME NAME 1100000539301 STREET ADDRESS 3300 NE 192ND ST #205 STREET ADDRESS 05/09/05-80093-021 150.00 CITY-ST-ZIP N MIAMI BEACH FL 33180 CITY-ST-ZIP TILLE ☐ Delele TITLE ☐ Change ☐ Addition NAME, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE Change ☐ Addition STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NNG OFFICER OR DIRECTOR