

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90030 022 ***150.00

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02092004 Chg-P CR2E034 (10/03)

| | | | | | |
|---|---------------------------------|--|--|--|-------------------------------|
| DOCUMENT # P96000067328 | | | | | |
| 1. Entity Name O. F. JEWELERS, INC. | | | | | |
| Principal Place of Business 3361 SHERIDAN ST HOLLYWOOD, FL 33021 US | | | Mailing Address C/O MAS P.O. BOX 771210 CORAL SPRINGS, FL 33077-1210 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0690191 | Applied For Not Applicable |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| OLEK, HOWARD 2048 OAKWOOD BLVD HOLLYWOOD, FL 33020 | | | Name Street Address (P.O. Box Number is Not Acceptable) 3361 SHERIDAN STREET City HOLLYWOOD FL Zip Code 33021 | | |
| 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: <i>Howard Olek</i> | | | DATE: 2/10/04 | | |
| 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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | OLEK, HOWARD | NAME | SO | | |
| STREET ADDRESS | 5064 SW 34TH TER | STREET ADDRESS | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33312 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | NAME | DB | | |
| STREET ADDRESS | | STREET ADDRESS | OLEK DEBBIE | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | 5064 S.W. 34TH TERRACE | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | | |
| 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 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 all other like empowered. | | | | | |
| SIGNATURE: <i>Howard Olek</i> | | | DATE: 2/10/04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone #: 954-965-0200 | | |