

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P97000014246</b> 1. Entity Name PRECIOUS INVESTMENTS, INC.						FILED 04 DEC -3 PM 1:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13250 ARCH CREEK TERRACE MIAMI, FL 33181				Mailing Address 13250 ARCH CREEK TERRACE MIAMI, FL 33181			
2. Principal Place of Business		3. Mailing Address				11302004    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 65-0726978				Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHIERICO, PAULA 13250 ARCH CREEK TERRACE N. MIAMI, FL 33181				Name <u>BARBARA MILLER</u> Street Address (P.O. Box Number is Not Acceptable) 2015 ARCH CREEK DRIVE City <u>NORTH MIAMI,</u> <u>FL</u> Zip Code <u>33181</u>			
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 <u>Barbara Miller</u> (NOTE: Registered Agent signature required when re-registering) DATE _____							
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	P CHIERICO, PAULA 13250 ARCH CREEK TERRACE MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BARBARA MILLER 2015 ARCH CREEK DRIVE NORTH MIAMI, FL 33181 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHIERICO, RICHARD 13250 ARCH CREEK TERRACE MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400043168464 12/03/04--01025--010 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Barbara Miller</u>				12/01/04    3058911580 Date    Daytime Phone #			