FOR PROFIT CORPORATION

FILED

| UNIFORM BUSINESS REPORT (UBR) | | | | | Apr 08, 2004 08:00 AM Secretary of State | | | |
|--|--|---|------------------------|---|--|--|--------------------------------|--|
| DOCUMENT # | | | <u> </u> | | Secretary | 7 01 3 | State – | |
| ARAX, INC. D/B/A DA | NIELIAN JEWELERS | 3 | | | | | | |
| | | | | | t | | | |
| DO NOT WRITE IN THIS SPACE | | | | | 00000010616 | O | - | |
| 2. Principal Place of Business | | 3. Mailing Address | | | 04/08/04-80004 | -020 | 150.00 | |
| 106 NORTH COUNTY ROAD Suite, Apt. #, etc. | | 106 NORTH COUNTY ROAD Suite, Apt. #, etc. | | | DO NOT WRITE IN | THIS S | PACE | |
| City & State | | City & State | | | 4. FEI Number Applied For | | | |
| PALM BEACH, FL Zip Country | | PALM BEACH, FL Zip Country | | 65-0801457 | <u>_</u> | Not Applicable \$8.75 Additional | | |
| 33480 33480 | USA | 33480 | USA | | 5. Certificate of Status Desired | <u> </u> | Fee Required | |
| 7. Name and Address of Current Registered Agent Name | | | | | | | | |
| | VAHRAM D | | | | | NIELIAN dress (P.O. Box Number is Not Acceptable) | | |
| INTHIS SPACE | | | | | EAN BLVD #26D | | | |
| 建 。 | | | | | · · · · · · · · · · · · · · · · · · · | . <u> </u> | | |
| | | | | City SINGER ISLA | ND F | L | Zip Code 33404 | |
| 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 X | Annual Marie | | _ | istered agent. II <u>ELIAN, P</u> RESI | NENT | | 3/8/2004 | |
| Signatu | | of registered agent and title if a | applicable | e. (NOTE; Regist | ered Agent signature required when rein | stating) | DATE | |
| After M. | -May 1 Fee is \$150. ay 1, Fee is \$550.00 ded UBR is \$61.25 a to Florida Departm | | | | 9. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. TITLE | OFFICERS A PRES., TREAS. & D | ND DIRECTORS | 11. | | | | | |
| NAME | DANIELIAN, VAHR | AM | N/ | ME | | | | |
| STREET ADDRESS CITY-ST-ZIP | 3000 N OCEAN BLVD #26D SINGER ISLAND, FL 33404 | | | TREET ADDRES: TY-ST-ZIP | | | | |
| TITLE NAME | SECRY., VICE PRE DANIELIAN, TANIA | S. & DIRECTOR | 11 | TLE AME | | | | |
| STREET ADDRESS CITY-ST-ZIP | 106 N COUNTY ROAD PALM BEACH, FL 33480 | | S | REET ADDRES! TY-ST-ZIP | | | | |
| TITLE | CALW BEAUD, TEU | 3400 | TI. | TLE | | | | |
| NAME STREET ADDRESS | | | | AME TREET ADDRESI | DONOT | W. | | |
| CITY-ST-ZIP | | = | | TV-ST-ZIP TLE | DO NOT | | cione e a resta como districto | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | Natifis | | V E | |
| CITY-ST-ZIP | | | C | TY-ST-ZIP | | | | |
| TITLE NAME | | | T | TLE NME | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | TREET ADDRES! TY-ST-ZIP | | | | |
| TITLE NAME | | | TI | TLE ME | | | | |
| STREET ADDRESS | | | \$ | REET ADDRES | 3 1 | | | |
| | | | ualify fo | | stated in Section 119.07(3)(i), Floric | | | |
| 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 | | | | | | | | |
| Z . | • | · · · · · · · · · · · · · · · · · · · | | | h an address, with all other like em | | | |

SIGNATURE: * Jahren Danielian, PRES. * 4-6-2004 (561) 655-4954
SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #