

FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90027 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104719			
1. Entity Name			
ARAX, INC. D/B/A DANIELIAN JEWELERS			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 108 NORTH COUNTY ROAD Suite, Apt. #, etc.		3. Mailing Address 108 NORTH COUNTY ROAD Suite, Apt. #, etc.	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480	Country USA	Zip 33480	Country USA
4. FEI Number 65-0801457		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name VAHRAM DANIELIAN			
Street Address (P.O. Box Number is Not Acceptable) 3000 N OCEAN BLVD # 26D			
City SINGER ISLAND		FL	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 <u>Vahram Danielian</u> VAHRAM DANIELIAN PRES. 5/5/2005			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DANIELIAN, VAHRAM 108 N COUNTY ROAD PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DANIELIAN, TANIA 108 N COUNTY ROAD PALM BEACH, FL 33480	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)(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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Vahram Danielian</u> VAHRAM DANIELIAN, PRES		4/4/2005	(561) 655-4954
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>