

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90005 045 ***150.00

DOCUMENT # P97000104719
1. Entity Name
ARAX, INC. D/B/A DANIELIAN JEWELERS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 106 NORTH COUNTY ROAD Suite, Apt. #, etc.		3. Mailing Address 106 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
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DO NOT WRITE IN THIS SPACE

40025356

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name VAHRAM DANIELIAN	
	Street Address (P.O. Box Number is Not Acceptable) 106 N COUNTY ROAD	
	City PALM BEACH	Zip Code 33480

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DANIELIAN, VAHRAM 106 N COUNTY ROAD PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DANIELIAN, TANIA 106 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: *X Vahram Danielian* **VAHRAM DANIELIAN, PRES.** **2/20/2007** **(561) 655-4954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #