## **FILED** 2004 FOR PROFIT CORPORATION May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000033520 THE BLUE DIAMOND JEWELERS, INC. Principal Place of Business Mailing Address 464 BAYFRONT PLACE 464 BAYFRONT PLACE NAPLES, FL 34102 NAPLES, FL 34102 CR2E034 (10/03) 04092004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3587830 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KANNENSOHN, JEFFREY S DO NOT WRITE 5801 PELICAN BAY BLVD **STE 300** IN THIS SPACE NAPLES, FL 34108-2709 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 Fforida. I am familiar with, and accept the obligations of registered agent. Signature, typed or onrited name of registered agent and bitle if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MASTMEIER, BERND NAME STREET ADDRESS 464 BAYFRONT PLACE CITY-ST-ZIP NAPLES, FL 34102 programm programm NAME MASTMEIER, NICOLE STREET ADDRESS 464 BAYFRONT PLACE CITY-ST-ZIP NAPLES, FL 34102 TITLE NAME STREET ADDRESS DO NOT WRITE CITY+S1-7IP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

. I hereby certify that the information supplied with the 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 type 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 emproved 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 any address with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR