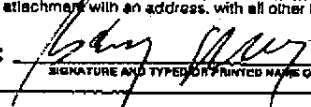


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000065226		
1. Entity Name B. GRAY JEWELERS, INC.		
Principal Place of Business 15751 SHERIDAN STREET 123 FT LAUDERDALE, FL 33331		Mailing Address 15751 SHERIDAN STREET 123 FT LAUDERDALE, FL 33331
DO NOT WRITE IN THIS SPACE		
 03292004 No Chg-P CR2E034 (10/03)		
4. Filing Number 65-0853974		Applied For Not Applicable
5. Certificate Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GRAY, BARRY 2334 S.W. 181ST TERR. MIRAMAR, FL 33029		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to hold 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 re-stating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 000000131052 04/26/04-80141-019 150.00
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	GRAY, BARRY	
STREET ADDRESS	2334 SW 181 TERR	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	ST	
NAME	GRAY, MICHELLE	
STREET ADDRESS	2334 SW 181 TERR	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 07.31(1) 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: 		4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #