2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM Secretary of State

1. Enlity Name FAMOUS JEWELRY, INC.				Secretary of State			
Principal Plac 7404 NW 79 TAMARAC, FI		Mailing Address 7404 NW 79TH STREET TAMARAC, FL 33321	1111				
C	OO NOT WRITE 6. Name and Address of Current Reg	CE	01182005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0887301 Applied For Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required				
TORCHIN, DAVID 8211 WEST BROWARD BLVD. SUITE 200 PLANTATION, FL 33324-2726			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the ions of registered agent. Signature, speed or printed name of registered agent and in		d Agent signature required	when reinstating)	·	DATE	o, and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIR	Trust Fund Contribution.		00 May Be ed to Fees	U000001 01/25/05-8	93447 10060-025 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, ALVARO 7404 N.W. 79TH STREET TAMARAC, FL 33321			· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS CITY-ST-ZIP			.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPA	ACE	,
TITLE NAME STREET ADDRESS CITY ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes, I further certify that the information inclicated 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 cytrustee empowered to exclude 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 within address, with all other fixe empowered. SIGNATURE: Continue of the composition of the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes, I further certify that the information inclicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes, I further certify that the information inclicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes, I further certify that the information inclicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes, I further certify that the information inclicated on this report or supplied with this filling does not prove the exemption stated in Section 119 07(3)(i), Florida Statutes, I further certify that the information inclicated on this report or supplied with the information inclicated on this report or supplied with the information inclicated on the supplied with the information inclicated on this report or supplied with the information inclicated on the supplied with the information inclicated in Section 119 07(3)(i), Florida Statutes, I further certified and inclination inclicated on the supplied with the information inclicated on the supplied with the information inclicated on the information incl							
SIGNATURE: SIGNATURE OF SIGNING OFFICER OF DIRECTOR							