
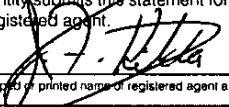
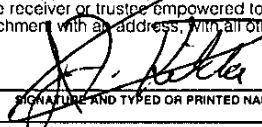


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000053599 1. Entity Name AARON JOSEPH JEWELERS, INC.			
Principal Place of Business 1414 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301 US		Mailing Address 1414 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301 US	
2. Principal Place of Business 1457-7 Old Saint Augustine RD Suite, Apt. #, etc.		3. Mailing Address 1457-7 Old Saint Augustine RD Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32301 Country Leon		City & State Tallahassee, FL Zip 32301 Country Leon	
4. FEI Number 59-3585758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIKTA, JOSEPH F 1414 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Joseph F. Kikta Street Address (P.O. Box Number is Not Acceptable) 1457-7 Old Saint Augustine RD City Tallahassee FL Zip Code 32301	
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  Joseph F. Kikta DATE 5/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIKTA, JOSEPH F 1414 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph F. Kikta 1457-7 Old Saint Augustine RD Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 5/27/05 Daytime Phone # (850) 878-3030	

MAY 31 2005
 05 MAY 31 PM 3:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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