

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090202

FILED
Mar 10, 2004
Secretary of State

Entity Name: TITANIC JEWELS INC.

Current Principal Place of Business:

18090 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18090 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0953512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOM, DAVID
1905 S HIBISCUS DR
NO. MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, MEIR
Address: 18090 BISCAYNE BLVD
City-St-Zip: N MIAMI, FL 33160

Title: VP () Delete
Name: HOM, DAVID
Address: 1905 SO HIBISCUS DRIVE
City-St-Zip: NO. MIAMI, FL 33181

Title: ST () Delete
Name: COHEN, ABRAHAM
Address: 18090 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COHEN, ABRAHAM
Address: 18090 COLLINS AVE T12
City-St-Zip: SUNNY ISLES, FL 33160

Title: ST (X) Change () Addition
Name: OMER, SHARON
Address: 18090 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COHEN ABRAHAM

VP

03/10/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date