


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90017 017 ***150.00

DOCUMENT # 542296
 1. Entity Name
CAPE CORAL JEWELERS, INC.

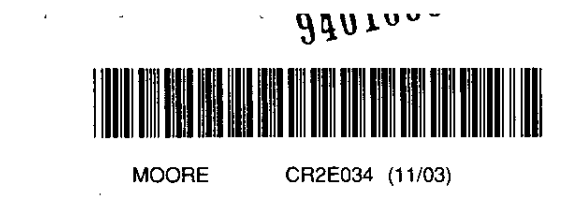


Principal Place of Business Mailing Address
1314 CAPE CORAL PARKWAY SUITE 1 CAPE CORAL FL 33904 **1314 CAPE CORAL PARKWAY SUITE 1 CAPE CORAL FL 33904**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



4. FEI Number **59-1767297** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZAK, RAMIRO
1314 CAPE CORAL PARKWAY SUITE 1 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
 Name **ROSANIO, THOMAS**
 Street Address (P.O. Box Number is Not Acceptable) **1314 CAPE CORAL PARKWAY SUITE 1**
 City **CAPE CORAL** FL Zip Code **33904**

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 *Thomas V. Rosario President* DATE **2-2-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZAK, SARA	
STREET ADDRESS	1314 CAPE CORAL PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ZAK, RUBEN S	
STREET ADDRESS	4321 SE 16TH PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSANIO, TOM	
STREET ADDRESS	4908 S.W. 9TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZAK, CHRISIAN	
STREET ADDRESS	1314 CAPE CORAL PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSANIO, LILIAN	
STREET ADDRESS	4908 S.W. 9 PLACE	
CITY-ST-ZIP	CAPE CORAL, FL. 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Thomas V. Rosario* **THOMAS V. ROSANIO** DATE: **2-2-04** DAYTIME PHONE #: **238 542 7766**