


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # J62974 1. Entity Name E.S.L. JEWELERS, INC.	
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Principal Place of Business 36 NE 1 STR, STE 300 MIAMI, FL 33132 US	Mailing Address 36 NE 1 STR, STE 300 MIAMI, FL 33132 US
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2786576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

MARKS, KIM  
 12937 BANYAN ROAD  
 NORTH MIAMI, FL 33181-2409

**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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVY, ELI 9325 CARLYLE AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEVY, SHARON 9325 CARLYLE AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000010027  
 01/22/04-80014-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Eli Levy 1/16/04 305 3742519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/Time Phone #