


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J72643

1. Entity Name
GARO'S GOLD JEWELRY, INC.



Principal Place of Business Mailing Address
% GARY S. OSTERBLON
1404 NORTH STREET ROAD 7, SUITE 155
MARGATE, FL 33063

2. Principal Place of Business 3. Mailing Address
P.O. BOX 93-6066 *SAME*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



City & State City & State
MARGATE, FL *FL*

Zip Country Zip Country
33093-6066 *FLORIDA*

4. FEI Number Applied For
59-2795237 Not Applicable

5. Certificate of Status Desired \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OSTERBLON, GARY
901 S.W. 66 AVE.
MARGATE, FL 33068

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Gary Osterblon* DATE: *4/25/03*

Signature, typed or printed name of registered agent and title if applicable. (CORE Registered Agent Signature required when submitting)

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	OSTERBLON, GARY
STREET ADDRESS	901 S.W. 66 AVE.
CITY-ST-ZIP	MARGATE, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<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	
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)(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 empowerings.

SIGNATURE: *Gary Osterblon* DATE: *4/25/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/02)