## 2004 FOR PROFIT CORPORATION

## Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2004 90362 013 \*\*\*150.00 DOCUMENT # K93574 1. Entity Name LUANY JEWELERS II, INC. 44041000\*\* Principal Place of Business Mailing Address 300 SW 107TH AVENUE 300 SW 107TH AVENUE **SUITE 105 SUITE 105** SWEETWATER, FL 33174 SWEETWATER, FL 33174 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0133814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OJEDA, NEIT R DO NOT WRITE 7900 SW 26 ST MIAMI, FL 33155 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, typed or printed name of registered agent and title il applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSDT** TITLE NAME OJEDA, NEIT R 7900 S.W. 26TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE OJEDA, ANA 7900 SW 26ST STREET ADDRESS CITY-ST-7IP MIAMI, FL 33155 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of trustee empowered tolexecute 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 attach bowered.

**SIGNATURE:** 

NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

ME OF SIGNING OFFICER OR DIRECTOR

405-221-9992

**FILED**