## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 31, 2004 08:00 AM

				Secretary of State			
DOCUMENT # P9200008597			30		occi ctar,	y of State	
1. Entity Name							
FLORIDA	KEYS JEWELRY AND LOA	N, INC.	1 The state of the				
			A STATE OF				
Principal Place	e of Business	Mailing Address					
102991 OVE		102991 OVERSEAS HWY					
KEY LARGO,		KEY LARGO, FL 33037					
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				4 化基础分类程序 55年 5月5日 3月855 新聞115 新聞115 新聞115 新聞115 新聞125 新聞125 新聞125 (日日5 新55日 1年555 新聞126日) 25 (日田5)			
				02072004	No Chg-P CR	2E034 (10/03)	
r	O NOT WRITE	IN THIS SPA	CF			Applied For	
•				4. FEI Numbe		Not Applicable	
						\$8.75 Additional	
				5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current R	egistered Agent		ti inti is a company		and the state of t	
ANCELE LINANT			4.44.4.1.4.1	all Magain			
ANGELS, LILIAN T 102991 OVERSEAS HWY				DO.	NOT WRI		
KEY LARGO, FL 33037			IN THIS SPACE				
			31 % 1	IIIO OI AC	/ I		
				. :		•	
B. The above	named entity submits this statement for	he purpose of changing its registe	red office or register	ed agent, or bot	h, in the State of Florida.	am familiar with, and accept	
the obligations of registered agent.					ام د د	ni.	
SIGNATURE TO THE SIGNATURE			d Agent signature required when renstating)				
	Signature, is ord or printed name of registered agent an	d trie sppicable. (NOTE, Register	red Agent signature reduced	when remarating)	1888881100	36.63	
	E NOWEL EEE 14 4450 00	9. Election Campaign Fina	ancing \$5.	00 May 8e	00000009! 03/31/04-90	315-001 150.00	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				ed to Fees	00% 31/ UT (U)	∖12_001 190°Mi	
10.	OFFICERS AND D	RECTORS				<del></del>	
REE	P	##E010/10	— Promoniam		antina en	alaa ka k	
NAME	ANGEL, JOEL N		1				
STREET ADDRESS	243 APACHEE STREET						
Griy-ST-ZIP	TAVERNIER, FL 33070		المنطلة والمراجع	is consists	in gillianiana lakiliana i		
TITLE	ST		,				
NAME STREET ADDRESS	ANGEL, LILIAN T 243 APACHEE STREET						
CITY-ST-ZIP	TAVERNIER, FL 33070						
STLE	,		<b>-</b>		The state of the second st		
NAME							
						: :	
STREET ADORESS				DΩ	NOT WRI	TF	
CITY-ST-ZIP					NOT WRI		
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CITY-ST-ZIP							
DITLE NAME							
DITLE NAME STREET ADDRESS							
OTY-51-2P  DILE  NAME  STREET ADDRESS  OTY-51-2P							

12. Thereby 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 oats, 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:

Car-SI-IP TITLE NAME STREET ADDRESS CITY-ST-ZIP