


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 526232 1. Entity Name ASSOCIATED JEWELRY, INC.	
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Principal Place of Business 36 N.E. 1ST STREET SEYBOLD BUILDING, SUITE 309 MIAMI, FL 33132	Mailing Address 36 N.E. 1ST STREET SEYBOLD BUILDING, SUITE 309 MIAMI, FL 33132
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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1846512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, JONATHAN R.
536 BILTMORE WAY
CORAL GABLES, FL 33134

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000156524 05/05/04-80081-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIN-A-YOUNG, ANTHONY L. 13400 SW 108 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC CHIN-A-YOUNG, NORMA 13400 S.W. 108 PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHIN-A-YOUNG, NICHOLAS 13400 SW 108 PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIN-A-YOUNG, KAREN 13400 SW 108 PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: Norma Chin-A-Young **NORMA CHIN-A-YOUNG** 1.16.04 305-3796921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #