


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 337203**  
1. Entity Name  
**HABIF JEWELRY CO., INC.**



Principal Place of Business      Mailing Address  
**10155 COLLINS AV APT 810**      **10155 COLLINS AV APT 810**  
**BAL HARBOR, FL 33154**      **BAL HARBOR, FL 33154**

**DO NOT WRITE IN THIS SPACE**



04272004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1290779**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HABIF, ELZA**  
**10155 COLLINS AVE APT 810**  
**BAL HARBOUR, FL 33154**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and how appointed)      (NOTE: Registered Agent signature required when changing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TYPE	STD
NAME	HABIF, ALBERTO
STREET ADDRESS	1 NE 1ST ST
CITY-ST-ZIP	MIAMI, FL
TYPE	PTD
NAME	HABIF, ELZA
STREET ADDRESS	1 NE 1ST ST
CITY-ST-ZIP	MIAMI, FL
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000149878  
05/03/04-80203-024 150.00

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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: *[Signature]*      **ALBERTO HABIF SECRETARY**

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