## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 20, 2004 08:00 AM Secretary of State DOCUMENT # K25107 1. Entity Name EL BRILLANTE JOYERIA, INC. Mailing Address Principal Place of Business 1214 SW 8TH STREET 1214 SW 8TH STREET MIAMI FL 33135 MIAMI FL 33135 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0069847 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELIAS, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 1214 SW 8TH STREET **MIAMI FL 33135** Z:D Code City FI 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 whon reinstating) DATE Signature typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition PD ☐ Delete TITLE TITLE U00000058528 02/20/04-80042-003 150.00 ELIAS, EDUARDO NAME NAME STREET ADDRESS 1214 S.W. 8TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY -ST-ZIP ☐ Change Addition 🔲 ☐ Delete TITLE S TITLE ELIAS, LISSETTE NAME STREET ADDRESS 1214 S.W. 8TH STREET STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP City-ST-Zip Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

PRESIDENT

**FILED** 

Daytime Phone #