

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K98385**

1. Entity Name  
**GUIDO MORANA JEWELERS, INC.**



Principal Place of Business

% MARIA C MORANA  
4317 N ARMENIA AVE  
TAMPA, FL 33607

Mailing Address

% MARIA C MORANA  
4317 N ARMENIA AVE  
TAMPA, FL 33607



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2955322**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MORANA, MARIA C  
4317 N ARMENIA AVE  
TAMPA, FL 33607

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MORANA, MARIA C
STREET ADDRESS	10325 CARROLL COVE PL.
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	D
NAME	MANISCALCO, MARIETTA M
STREET ADDRESS	10323 CARROLL COVE PL.
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	D
NAME	DOCOBO, MARISELLA M
STREET ADDRESS	10325 CARROLL COVE PL.
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000192735  
01/25/05-80034-001 163.75

**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:** M.C. Morana (M.C. MORANA)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05 (813) 879-4448  
Date Daytime Phone #