## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MEN I # M44986 JEWELRY, INC.				Seci	retary of State
Principal Plac 5167 SW 8 5 229 MIAMI, FL 3	ST	Mailing Address 5167 SW 8 229 MIAMI, FL 33134 US				
C	OO NOT WRITE	IN THIS SPA	CE	04282004 4. FEI Number	No Chg-P	CR2E034 (10/03)  Applied For
				59-27760 5. Certificate_of		Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Current Re	ristered Agent		<u> </u>		ree nequired
LOPEZ, JOSE C 1500 S.W. 16 AVE. MIAMI, FL 33145					NOT W HIS SP	
8. The above the obligation	e named entity submits this statement for the floors of registered agent.  Signature, typed or printed name of registered agent and the floor of the		red office or register		in the State of Flo	rida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campalgn Financing \$5, Trust Fund Contribution.   Add		.00 May Be led to Fees		
TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIF  DPT LOPEZ, JOSE 1500 S.W. 16 AVE. MIAMI, FL 33145  DS MATA, DAVID 2531 S.W. 17 ST. MIAMI, FL 33145	ECTORS			(j(11416) 2022-5114+	148143 80134-014 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	W TO	RITF

12. I hereby certify that the information supplied with this filing does not quality 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 frustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with air address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylin

Dayline Phone #