

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000003292	
1. Entity Name JEWELIA'S TREASURES, INC.	

Principal Place of Business 2807 W. HICKORY BLVD. FORT LAUDERDALE, FL 33311	Mailing Address 2807 W. HICKORY BLVD. FORT LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



05012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0973858	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, FALTINO
11641 COUNTRY VIEW LANE
BOCA RATON, FL 33428

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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 _____ Signature typed or printed and current registered agent and fee, if applicable if not Registered Agent signature required or indicated **DATE** _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

**9. Election Campaign Financing
Trust Fund Contribution** ☐ **\$0.00 May Be
Added to Fees**

000000158283
05/05/04-80072-004 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, FALTINO 11641 COUNTRY VIEW LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, MICHELLE 11641 COUNTRY VIEW LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(b), 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 assignment with an address, without other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FALTINO CARTER 4/28/04

Date

Expire Period

954-584-3390