## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000026304

1. Entity Name

MARK'S ANTIQUE JEWELRY, INC.



FILED
Jul 28, 2004 08:00 AM
Secretary of State

Principal Place of Business

8221 W. GLADES RD. BOCA RATON, FL 33434 Mailing Address

8221 W. GLADES RD. BOCA RATON, FL 33434



## DO NOT WRITE IN THIS SPACE

07262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1007182 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

AVNER, MARK 8221 W. GLADES RD. BOCA RATON, FL 33434			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 tall if applicable. [NOTC, Registered Agent signature required when reinstating]  DATE						
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Finan Trust Fund Contribution	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SITEE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D AVNER, MARK 8221 W. GLADES RD. BOCA RATON, FL 33434	CTORS	-	DO	U00000168599 07/28/04-80002-019 150.00 NOT WRITE	
TITLE NAME STREET ADDRESS CSTY-ST-ZIP UTLE				IN THIS SPACE		
KAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS					<del>-</del> ·	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), Florida Statutes, Thurther 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 cath, 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:

MANKAMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/4

Daylime Phon