

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90005 004 \*\*\*150.00

**DOCUMENT # P0000060170**  
 1. Entity Name  
**ALEXANDER'S JEWELRY, INC.**



Principal Place of Business      Mailing Address  
 36 N.E. 1ST STREET      36 N.E. 1ST STREET  
 SUITE 152      SUITE 152  
 MIAMI FL 33132      MIAMI FL 33132

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-1019062**      Not Applicable

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



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**PARRA, MARIELA A**  
**36 NE 1ST STREET STE. 152**  
**MIAMI FL 33132-2487**

**7. Name and Address of New Registered Agent**  
 Name **MARCELOS MONTEDEOCA**  
 Street Address (P.O. Box Number is Not Acceptable) **36 NE 1ST STREET STE 152**  
 City **MIAMI**      FL      Zip Code **33132**

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]*      DATE **3/10/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PARRA, MARIELA A	
STREET ADDRESS	36 NE 1ST STREET STE. 152	
CITY-ST-ZIP	MIAMI FL 33132-2487	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	PARRA, ALEX F	
STREET ADDRESS	36 NE 1ST STREET STE. 152	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCELOS MONTEDEOCA	
STREET ADDRESS	36 NE 1ST STREET STE 152	
CITY-ST-ZIP	MIAMI FL 33132-2487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *[Signature]*      DATE **3/10/04**      DAYTIME PHONE # **305-358-0515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR