2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, 2004 8:00 am Secretary of State DOCUMENT # P01000029992 1. Entity Name 01-30-2004 90061 005 ***150.00 JEWEL MART, INC. Principal Place of Business Mailing Address 50 NW 43RD PLACE, #5 MIAMI FL 33126 50 NW 43RD PLACE, #5 1100011 **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1115587 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, KARINA Street Address (P.O. Box Number is Not Acceptable) 3/3 to 50-NW 43RD PLAGE, #5 MIAMIFE 23126 Zip Code 33/73 City MIANI II. 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE □ Delete TITLE Change ☐ Addition NAME MARTINEZ, KARINA NAME 8415 SW 107 AVE., #313 W STREET ADORESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-2IP TITLE DΤ ☐ Delete TITLE Change Addition NAME MARTINEZ, MIRNA NAME 50 NW 43RD PLACE, #5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -MIAMI FL:33126-----CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition ALANA F MARTINEZ, ROXANA -MAME STREET ADDRESS 50 NW 43RD PLACE, #5 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: OF SIGNING OFFICER OR DIRECTOR