

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000056011**

1. Entity Name

**SHIRIN INTERNATIONAL JEWELERS INC.**



Principal Place of Business

**3209 WHITE DOVE LANE  
KISSIMMEE, FL 34746**

Mailing Address

**3209 WHITE DOVE LANE  
KISSIMMEE, FL 34746**

**DO NOT WRITE IN THIS SPACE**



03012003 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-3739236**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SUTTER, BERNARD R  
3036 BIG SKY BOULEVARD  
KISSIMMEE, FL 34741**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DHANANI, KABIRUDDIN  
STREET ADDRESS 3209 WHITE DOVE LANE  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE  
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #