2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000078924

1. Entity Name
UNIQUE JEWELRY DESIGNS, INC.

Principal Place of Business	Mailing Address
1952 OSCEOLA PARKWAY KISSIMMEE, FL 34743	1952 OSCEOLA PARKWAY KISSIMMEE, FL 34743

DO NOT WRITE IN THIS SPACE

03132004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3743831	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LLERA, MANUEL
1952 OSCEOLA PARKWAY
KISSIMMEE, FL 34743

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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's gnature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LLERA, MANUEL
STREET ADDRESS	1952 OSCEOLA PARKWAY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	SD
NAME	LLERA, NANCY
STREET ADDRESS	1952 OSCEOLA PARKWAY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/04--80041-005 150.00

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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: _____ NANCY LLERA   3/30/2004   (407) 348-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #