

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90223 026 \*\*\*150.00

**DOCUMENT # P02000046291**


1. Entity Name  
**NADIA WILLIAMS JEWELRY & DESIGN, INC.**



Principal Place of Business <b>5851 HOLMBERG ROAD          APT. #722          PARKLAND, FL 33067</b>	Mailing Address <b>5851 HOLMBERG ROAD          APT. #722          PARKLAND, FL 33067</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04182004 Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3656577</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**HILL, MARLON A ESQ.  
 1200 BRICKELL AVENUE  
 SUITE 1200  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **HILL, MARLON A ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**WACHOIA FINANCIAL CENTER  
 200 S. BISCAIYNE BOULEVARD, SUITE 2680**  
 City **MIAMI** FL Zip Code **33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, NADIA
STREET ADDRESS	3240 N.W. 46TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, CARINTHA
STREET ADDRESS	3240 N.W. 46TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, NADIA
STREET ADDRESS	5851 HOLMBERG ROAD, APT. 722
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, CARINTHIA
STREET ADDRESS	8851 HOLMBERG ROAD, APT. 722
CITY-ST-ZIP	PARKLAND, FL 33067
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	<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	
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: \_\_\_\_\_ DATE: **4/26/04** DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR