

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91259 047 \*\*\*150.00

**DOCUMENT # P02000047149**

1. Entity Name  
**THE FACTORY JEWELERS CORPORATION**



Principal Place of Business  
**250 GIRALDA AVENUE  
CORAL GABLES, FL 33134**

Mailing Address  
**250 GIRALDA AVENUE  
CORAL GABLES, FL 33134**

**94083903**

2. Principal Place of Business  
**9166 W. ATLANTIC BLVD**

3. Mailing Address  
**9166 W. ATLANTIC BLVD**



Suite, Apt. #, etc.  
**# 1632**

Suite, Apt. #, etc.  
**# 1632**

04282004 Chg-P CR2E034 (10/03)

City & State  
**CORAL SPRINGS FL**

City & State  
**CORAL SPRINGS FL**

4. FEI Number  
**73-1641765**

Applied For  
Not Applicable

Zip Country  
**33071 USA**

Zip Country  
**33071 USA**

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

**6. Name and Address of Current Registered Agent**

**NUNEZ, ALEJANDRO ESQ  
250 GIRALDA AVENUE  
CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name  
**MARTINEZ, ANTONIO JOSE DARIO**

Street Address (P.O. Box Number is Not Acceptable)  
**9166 W. ATLANTIC BLVD**

# **1632**

City **CORAL SPRINGS** **FL** Zip Code **33071**

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 *Jose Dario Martinez*

**04-28-04**

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD ☐ Delete  
NAME **DAIO MARTINEZ, ANTONIO JOSE**  
STREET ADDRESS **250 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE SD ☐ Delete  
NAME **AGUDELO, ADRIANA**  
STREET ADDRESS **250 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE PD ☐ Change ☐ Addition  
NAME **MARTINEZ, ANTONIO JOSE DARIO**  
STREET ADDRESS **Cra.32 7B Sur 52 Casa 121 Urb.Tier**  
CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE SD ☐ Change ☐ Addition  
NAME **AGUDELO, ADRIANA**  
STREET ADDRESS **Cra. 32' 7B Sur 52 Casa 121 Urb.Tier**  
CITY-ST-ZIP **MEDELLIN, COLOMBIA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Jose Dario Martinez*

**PRESIDENT**

**04-28-04 (954) 730-0292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #