

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90004 032 ***150.00

DOCUMENT # P02000047950

1. Entity Name
MARLENE JEWELRY, INC.



Principal Place of Business
255 ALHAMBRA CIRCLE
720
MIAMI, FL 33134

Mailing Address
255 ALHAMBRA CIRCLE
720
MIAMI, FL 33134

34008969



2. Principal Place of Business
19503 SW 39 STREET
Suite, Apt. #, etc.

3. Mailing Address
19503 SW 39 STREET
Suite, Apt. #, etc.

01192004 Chg-P CR2E034 (10/03)

City & State
MIRAMAR FL

City & State
MIRAMAR FL

4. FEI Number
01-0701330

Zip
33029

Country
BROWARD

Zip
33029

Country
BROWARD

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

6. Name and Address of Current Registered Agent

CASTANEDO, MARLENE
6045 SW 120 STREET
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name
CASTANEDA, MARLENE
Street Address (P.O. Box Number is Not Acceptable)
19503 SW 39 STREET
City
MIRAMAR FL Zip Code
33029

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 *Marlene Castaneda*

01-19-04

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
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CARANEDO, MARIA F
6045 SW 120TH STREET
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CASTANEDA, MARIA M.
19503 SW 39 STREET
MIRAMAR, FL 33029
☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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: *Marlene Castaneda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-04 9548388020
Date Daytime Phone #