
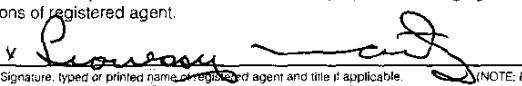
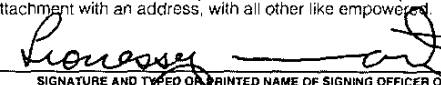


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90260 017 \*\*\*150.00

DOCUMENT # P02000101710					
1. Entity Name <b>14K JEWELRY, INC.</b>					
Principal Place of Business <b>9842 BERNWOOD PLACE DRIVE #107 FORT MEYERS, FL 33912</b>			Mailing Address <b>9842 BERNWOOD PLACE DRIVE #107 FORT MEYERS, FL 33912</b>		
2. Principal Place of Business <b>11525 S CLEVELAND AVE.</b>		3. Mailing Address <b>11525 S CLEVELAND AVE.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>FORT MYERS, FL</b>		City & State <b>FORT MYERS, FL</b>		4. FEI Number <b>55-0799387</b>	
Zip <b>33907</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33907</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SERFATY, CHARLES S 4330 SHERIDAN STREET SUITE 202-B HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <b>ELIANA MARTY</b> Street Address (P.O. Box Number is Not Acceptable) <b>11525 S CLEVELAND AVE.</b> City <b>FORT MYERS</b> FL <b>33907</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MARTY, LEONESSY R 9842 BERNWOOD PLACE DRIVE #107 FORT MEYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIANA MARTY 11525 S CLEVELAND AVE. FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY EMMANUEL MARTY 11525 S CLEVELAND AVE. FORT MYERS, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date <b>04/26/04</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					