

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110090

1. Entity Name
S&A ESTATE JEWELERS, INC.



Principal Place of Business
3302 NE 33 ST
FT LAUDERDALE, FL 33308

Mailing Address
3302 NE 33 ST
FT LAUDERDALE, FL 33308

FILED
Apr 12, 2004 08:00 AM
Secretary of State



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0132808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARABATZIS, ALEXANDRA
3302 NE 33 ST
FT LAUDERDALE, FL 33308

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IN THIS SPACE**

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 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	PVD
NAME	ARABATZIS, SPIROS
STREET ADDRESS	3302 NE 33 ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	TSD
NAME	ARABATZIS, ALEXANDRA
STREET ADDRESS	3302 NE 33 ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

Date

954 566 5676

Daytime Phone #