## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT # P03000003865** 05-04-2004 90118 018 \*\*\*150.00 1. Entity Name LINDA JEWELRY, INC. Principal Place of Business Mailing Address 14019733 18200 NW 27TH AVE 18200 NW 27TH AVE BOOTH #301-302 BOOTH #301-302 MIAMI, FL 33056 MIAMI, FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 0496869 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YI. BOO EUNG Street Address (P.O. Box Number is Not Acceptable) 18200 NW 27TH AVE BOOTH #301-302 MIAMI, FL 33056 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered age stered Agent signature required when reinstaung) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** THEE ☐ Change 1111 F Delete ☐ Addition YI, BOO EUNG NAME NAME STREET ADDRESS 350 E. RIVERBEND DR. STREET ADDRESS CITY-ST-ZIF SUNRISE, FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition HAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

**FILED** 

May 04, 2004 8:00 am

Daytene Phone #