

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034116

Entity Name: INSOMNIA JEWELERS, INC.

FILED  
Apr 29, 2004  
Secretary of State

## Current Principal Place of Business:

5055 COLLINS AVE APT 7C  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

5055 COLLINS AVE APT 7C  
MIAMI BEACH, FL 331402766

## Current Mailing Address:

5055 COLLINS AVE APT 7C  
MIAMI BEACH, FL 33140

## New Mailing Address:

5055 COLLINS AVE APT 7C  
MIAMI BEACH, FL 331402766

FEI Number: 02-0684721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALINDO, OLGA M  
5055 COLLINS AVE APT 7C  
MIAMI BEACH, FL 33140

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GALINDO, OLGA  
Address: 5055 COLLINS AVE APT 7C  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete  
Name: GALINDO, JOSE A  
Address: 5055 COLLINS AVE APT 7C  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GALINDO, OLGA  
Address: 5055 COLLINS AVE APT 7C  
City-St-Zip: MIAMI BEACH, FL 331402766

Title: VD (X) Change ( ) Addition  
Name: GALINDO, JOSE A  
Address: 5055 COLLINS AVE APT 7C  
City-St-Zip: MIAMI BEACH, FL 331402766

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA GALINDO

P

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date