

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91038 012 \*\*\*150.00

**DOCUMENT # P03000054899**

1. Entity Name  
**PALM D'ORO JEWELERS, CORP.**



Principal Place of Business  
**16801-C NW 67 AVE (BAY: 12C)  
MIAMI, FL 33015**

Mailing Address  
**16801-C NW 67 AVE (BAY: 12C)  
MIAMI, FL 33015**

2. Principal Place of Business  
**16797 NW 67th Avenue**

3. Mailing Address  
**16797 NW 67th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State  
**Miami Florida**

City & State  
**Miami Florida**

4. FEI Number  
**42-1602022**

Applied For  
Not Applicable

Zip Country  
**33015 USA**

Zip Country  
**33015 USA**

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

**6. Name and Address of Current Registered Agent**

**LUIS, MAYRA R  
16801-C NW 67 AVE (BAY: 12C)  
MIAMI, FL 33015**

**7. Name and Address of New Registered Agent**

Name  
**LUIS, MAYRA R.**

Street Address (P.O. Box Number is Not Acceptable)

**16797 NW 67th Avenue**

City  
**Miami**

FL Zip Code  
**33015**

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 *Mayra R. Luis*

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 **D** ☒ Delete  
NAME **LUIS, MAYRA R**  
STREET ADDRESS **16801-C NW 67 AVE (BAY: 12C)**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☒ Change ☐ Addition  
NAME **Luis Mayra R.**  
STREET ADDRESS **16797 NW 67th Avenue**  
CITY-ST-ZIP **Miami Florida 33015**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

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: *Mayra R. Luis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

305-487-9955

Daytime Phone #