

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 23, 2004 8:00 am**  
**Secretary of State**

09-23-2004 90001 002 \*\*\*163.75

**DOCUMENT # P03000085179**

1. Entity Name  
OT JEWELRY DESIGN, INC.



Principal Place of Business  
5112 NW 79 AVENUE  
101  
MIAMI, FL 3316

Mailing Address  
C/O U.S. ENTRY, INC. 4400 NO. FEDERAL HWY  
210  
BOCA RATON, FL 33431

2. Principal Place of Business  
3619 Fontaine Bleau Blvd

3. Mailing Address  
105 Oak View Hwy.

Suite, Apt. #, etc.  
Apt # 617

Suite, Apt. #, etc.  
Trl - 179

City & State  
Miami Florida 3

City & State  
East Hampton N.Y.

Zip  
33172

Country  
U.S.A.

Zip  
11937

Country  
U.S.A.

09172004

Chg-P

CR2E034 (10/03)

4. FEI Number

57-1210278

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AKBAS, SUZANNE J  
4400 NORTH FEDERAL HIGHWAY  
210  
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TORRES, E	
STREET ADDRESS	5112 NW 79 AVENUE #101	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Torres, E	
STREET ADDRESS	3619 Fontaine Bleau Blvd #617	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Immar Torres*

Sept 15/04 (631) 907-9583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #