


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90005 040 ***150.00

DOCUMENT # P03000134655	
1. Entity Name USA JEWELRY CONTRACTING INC.	

Principal Place of Business 1817 SOUTH OCEAN DRIVE HALLANDALE, FL 33009	Mailing Address 1817 SOUTH OCEAN DRIVE HALLANDALE, FL 33009
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14023440

2. Principal Place of Business 18943 W. Dixie Hwy	3. Mailing Address 18943 W. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH MIAMI BEACH, FL	City & State NORTH MIAMI BEACH, FL
Zip 33180	Zip 33180
Country USA	Country USA



06032004 Chg-P CR2E034 (10/03)

4. FEI Number 36-4544168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARZVI, NANCY 1817 SOUTH OCEAN DRIVE HALLANDALE, FL 33009	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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. 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nancy Barzvi 6/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Attachment

14023440
#PO 3000134655

JUNE 3, 2004
FLA. DEPT. OF STATE.
DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314

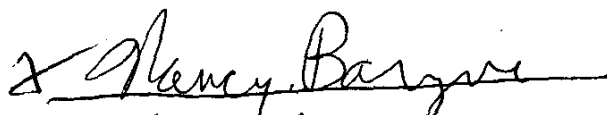
RE: P03000134655

UBR - 2004

PLEASE ACCEPT THIS AS A TIMELY FILING
OF THE UBR - 2004

CHECK FOR \$150⁰⁰ IS ENCLOSED

WE NEVER RECEIVED PAIPA NOTICES.
DUE TO A POST OFFICE PROBLEM.


Nancy BARZVI